The drugs we have relied on for 70 years to fight bacterial infections—everything from infected cuts to potentially deadly pneumonia—are becoming powerless. Why? Because antibiotics are often misused by doctors, patients, and even people raising animals for meat. And that misuse, which includes prescribing or using those drugs incorrectly, breeds “superbugs”—dangerous antibiotic-resistant bacteria that can’t be easily controlled.

**The truth about antibiotics**

These lifesavers are being misused and might stop working if we don’t take important precautions now

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**TOO MUCH OF A GOOD THING**

The problem often starts when we’re sick. We ask our doctors for antibiotics to treat problems that the drugs simply don’t work against, such as colds or the flu. Those illnesses are usually caused by viruses, not bacteria—and antibiotics don’t work against viruses.

Doctors, of course, know that the drugs don’t work for viral infections. But they’re often all too willing to comply. That’s partly because they want to make their patients happy, and partly because doing so is faster than ordering tests to confirm the cause. And sometimes it’s just easier than explaining why antibiotics aren’t needed. Even when the drugs are necessary, doctors sometimes reach too quickly for “broad spectrum” ones that attack multiple bacteria types at once, when more targeted drugs would be less...
New cigarette on the block

January marked the 50th anniversary of the landmark “Surgeon General’s Report on Smoking and Health,” the first government report to link smoking to lung cancer and heart disease, and the kickoff to decades of tobacco-control efforts. We’ve seen much progress in the half-century since: Cigarette smoking among adults has fallen from 42 percent in 1965 to 18 percent in 2012, and rates among high-school teens have dropped from a high of 36 percent in 1997 to 14 percent in 2012. Even so, smoking remains the nation’s leading preventable cause of death, killing some 443,000 people each year.

Poring over the cumulative research on smoking serves as a reminder that it can take years—decades even—for the risks of some products to emerge. That’s why we think it’s wise to exercise caution when it comes to using electronic cigarettes, or e-cigarettes, which we report on this month beginning on page 6. Those relatively new nicotine-emitting devices are growing quickly in popularity, but until more is known—and until regulations are in place for them—your safest bet is to steer clear.

Consumer Reports has a history of reporting on the risks of smoking. (Did you know we tested cigarettes for tar and nicotine levels back in 1953?) We’re keeping a close eye on the e-cigarette market and will keep you updated. And if you or someone you care about is trying to quit smoking, we offer a review of the best available cessation options on page 7.

FROM CONSUMER REPORTS’ EXPERTS

Caramel color and your health

Chances are there’s something in your kitchen that contains caramel color. It’s used in many foods, from soy sauce to baked goods and in colas and other soft drinks. But that caramel color might contain a potentially carcinogenic chemical called 4-MeI.

Consumer Reports recently tested 110 samples of soft drinks purchased in California and the New York area and found varying levels of 4-MeI in all that had caramel color listed on the label. (See ConsumerReports.org/caramelcolor2014.)

Any product sold in California that exposes consumers to more than 29 micrograms of 4-MeI a day is supposed to carry a cancer-warning label. In our study, all of the samples of Pepsi One and Malta Goya had more than 29 mcg in 12 ounces, but the California samples weren’t labeled. Although we can’t say whether that violates California law, we think those levels are worrisome and have asked the state to investigate. PepsiCo says it’s in compliance with the law, pointing to government data it claims shows that the average dieter’s drink consumes less than one can per day.

“We’d like to see no 4-MeI in food, but a level of 3 micrograms or less is acceptable,” says Urvashi Rangan, Ph.D., executive director of Consumer Reports’ food safety group. Our study wasn’t large enough to make recommendations on brands, but the samples of Coca-Cola, Diet Coke, and Coke Zero averaged less than 5 mcg per can.

What to do: You can’t tell from the label if a product has caramel color with 4-MeI. To avoid it, limit consumption of products with “caramel color” or “artificial color.”
Weight-loss claims that don’t pan out.
The Federal Trade Commission recently targeted several makers of slimming products for deceptive advertising. They include the manufacturer of Sensa, for claiming that users could “sprinkle, eat, and lose weight” with its powdered supplement, and L’Occitane, for saying that its skin cream would trim inches. For better results, our experts say to stick with the basics: a healthy diet and regular exercise.

Another reason to get the shingles vaccine.
A British study found that having had shingles—caused by the same virus that triggers chickenpox—can raise your risk of a heart attack or stroke. People older than age 40 who had shingles were 15 percent more likely to have a ministroke and 10 percent more likely to have a heart attack years later than those who never had the condition. And among adults younger than 40, shingles was linked with a whopping 74 percent increase in stroke risk. The authors of the study, which was partly funded by vaccine maker Sanofi Pasteur, advise that anyone who has shingles be screened for stroke risk factors.
Source: Neurology, Jan. 21, 2014

Don’t touch that keypad!
Dialing a cell phone while driving more than doubles an adult’s risk of crashing or almost crashing. And for newly licensed teens, it increases the odds eightfold, according to a new study, which used cameras to look at the activities that cause drivers to take their eyes off the road. If you need to answer a call, pull over and stop the car first. Even better, turn off the phone when you drive.

Beware of this fire hazard in a common OTC treatment.
The Food and Drug Administration warns that some over-the-counter cryogenic wart removers, which come in pressurized canisters and work by freezing warts off the skin, have caused fire during use at home. That has caused blisters, burns, and singed hair, and sometimes nearby objects have gone up in flames, too. The FDA advises using caution with flammable wart removers or opting for other treatments, such as salicylic acid or removal by a doctor.
Source: Food and Drug Administration Consumer Updates, Jan. 16, 2014

High blood pressure is worse for women.
Deaths from heart disease have fallen faster among men than among women. To find out why, researchers compared 100 adults with untreated hypertension and found that the women had 30 to 40 percent more vascular disease—marked by narrowed and more-rigid blood vessels—even though their blood pressure was no more elevated than the men’s. The authors wrote that the smaller size of women’s arteries and the loss of the heart-protective effects of estrogen might make them more susceptible to the complications of hypertension, and that they might benefit from more aggressive treatment.
Source: Therapeutic Advances in Cardiovascular Disease, December 2013

Should you take this self-test for dementia?
A 15-minute paper-and-pencil test might help detect early signs of cognitive decline, say researchers at Ohio State University. They screened 1,047 adults older than 50 over five years and found that the test was “practical, reliable, and efficient” at assessing cognitive impairment. But our experts say it’s better to take the test at a doctor’s office than at home. Not all cognitive decline is a sign of Alzheimer’s disease or other forms of dementia, so the results could create unnecessary anxiety. You can find the test at medicalcenter.osu.edu/patientcare (search “SAGE”).
Source: Journal of Neuropsychiatry and Clinical Neurosciences, Jan. 13, 2014

When coupons don’t pay.
An analysis of 1,056 online coupons from six grocery chains found that the largest proportion, 25 percent, was for processed snacks, candy, and desserts. That compares with less than 1 percent for fruit and 3 percent for vegetables. Other common coupon categories included frozen meals, soda, and energy drinks. Our advice is to skip the junk-food coupons and look for fruit and veggie discounts instead.
Source: Preventing Chronic Disease, Jan. 9, 2014

Stay safe from these sneaky chemicals.
Plastic-softeners called phthalates can be found in many products, including food wrap and fragrances. And mounting evidence suggests that some of them might cause health problems. There is little governmental regulation of phthalates except in certain children’s products, where some have been banned. And they aren’t always listed on labels. For tips on avoiding phthalates, go to ewg.org (search “phthalates”). And look for products labeled “phthalate free.”
Source: Environmental Health Perspectives, Jan. 14, 2014

Consumer Reports on Health • APRIL 2014 • 3
BEFORE YOU TAKE THAT PILL ...

Ask these questions whenever you are prescribed an antibiotic:

1. **Is it really necessary?** Sometimes doctors wrongly assume that you want an antibiotic.
2. **Is it the right one?** It’s best to use a drug that targets the specific bacteria infecting you. For example, urinary-tract infections are usually caused by E. coli, while some respiratory infections stem from staph and strep. Ideally, your doctor should order cultures to determine the cause.
3. **How long should I take it?** Using a drug longer than prescribed makes side effects and resistance more likely. Stopping early is a bad idea, too.
4. **What are the side effects?** Some antibiotics, such as ciprofloxacin (Cipro and generic), increase the risk of torn tendons. And all of them increase the risk of stomach problems, in part by killing off the good bacteria that normally live in your gut. Several antibiotics are especially prone to causing a dangerous gastrointestinal infection called C. difficile, which sickens some 250,000 hospital patients each year and kills about 14,000.

THE SUPERBUG THREAT

Superbugs pose serious concerns. Antibiotic-resistant infections, such as methicillin-resistant staphylococcus aureus (MRSA), sicken at least 2 million Americans each year and kill 23,000, according to the CDC. Those infections can happen anywhere, but they’re especially deadly when they occur in hospitals, nursing homes, or other health care facilities.

Compounding the crisis is that drugmakers are spending less time and money creating new antibiotics even as more bacteria are becoming resistant to the older drugs.

Alarmed by the situation, health leaders are working to change how we use antibiotics. For instance, the CDC recently urged hospitals to prescribe and administer antibiotics more carefully and to track and prevent hospital-acquired infections more vigorously. The Food and Drug Administration (FDA) wants the meat and poultry industry to cut back on the use of the drugs. And many medical organizations have highlighted situations when the drugs are often overused (see the box on page 5).

But experts say those efforts won’t be successful unless patients participate by, for example, refusing antibiotics when they aren’t necessary and taking steps to reduce their use at home.

WHAT YOU CAN DO

You can help protect yourself and others from antibiotic-resistant infections in two ways. First, take precautions to avoid infections in the first place. That reduces your need for antibiotics. Second, when you do need the drugs, use them properly. Both strategies are incorporated in the following steps, which you can take at home, in a doctor’s office, and in a hospital.

At home

- **Keep hands clean.** Washing up with soap and water for at least 20 seconds helps you avoid getting and spreading infections. Just be sure to avoid antibacterial hand soaps and body washes. There’s no evidence that they work any better, and many contain chemicals, such as triclosan, that may promote resistance. The FDA recently proposed that the makers of those products prove that they are safe and more effective than ordinary soap.
- **Use antibiotic creams sparingly.** Even antibiotics applied to the skin can lead to resistant bacteria. So use over-the-counter antibiotic ointments containing bacitracin and neomycin only...
for cuts and scrapes that leave visible dirt behind. Wash all superficial wounds with soap and water.

- **Consider purchasing meat labeled “no antibiotics” or “USDA organic.”** Consumer Reports’ tests of turkey and chicken suggest that poultry raised without antibiotics may be slightly less likely to harbor resistant bacteria. More important, Rangan says, is that “buying meat raised without antibiotics supports farmers who keep animals off unnecessary drugs and helps preserve the effectiveness of antibiotics.” (See our related story on page 8.)

**In the doctor’s office**

- **Get vaccinated.** Some shots prevent bacterial infections, such as diphtheria and whooping cough. Pneumonia can be viral or bacterial, and there are vaccines to prevent both. And while the flu is always viral, getting vaccinated makes it less likely that you’ll get sick from it and ask your doctor for antibiotics unnecessarily.

- **Don’t push for antibiotics.** If your doctor says you don’t have a bacterial infection, don’t insist. Instead, ask about other ways to get relief.

- **Fight it off.** If bacteria are the cause, ask if you might be able to beat the infection on your own. That’s often possible, especially if symptoms are mild.

- **Follow directions.** Take the full course of your prescription, even if you feel better after a day or two. If treatment stops too soon, the antibiotic might not kill all the bacteria, some of which might re-infect you and become resistant to the drug.

- **Don’t use leftovers.** Taking medications left over from a previous illness is a bad idea, because your current problem might not stem from a bacterial infection or the antibiotic might not be the right one for it. And don’t use drugs prescribed for someone else, because it might not be the best choice for you.

**WHEN YOU DON’T NEED ANTIBIOTICS**

Several medical groups have now compiled lists of conditions for which antibiotics are often misused. Below are examples.

**Eye infections**

*American Academy of Ophthalmology*

**The problem:** Doctors often prescribe antibiotic eye drops after treating some eye diseases, such as macular degeneration, with injections. But those drops are rarely necessary and can irritate your eyes.

**When to consider antibiotics:** If you have a bacterial eye infection, marked by redness, swelling, tearing, pus, and worsening vision.

**Pinkeye**

*American Academy of Ophthalmology*

**The problem:** Pinkeye usually stems from a virus or allergy, not bacteria. Even when bacteria are responsible, pinkeye usually goes away by itself within 10 days.

**When to consider antibiotics:** If you have bacterial pinkeye plus a weak immune system or severe or persistent symptoms.

**Sinus infections**

*American Academy of Allergy, Asthma, and Immunology*

**The problem:** Sinusitis, too, is usually viral. When bacteria are the cause, infections usually clear up untreated in a week or so.

**When to consider antibiotics:** If symptoms last longer than 10 to 14 days or a doctor diagnoses a bacterial illness.

**Urinary-tract infections**

*American Geriatrics Society*

**The problem:** Older people are often treated with antibiotics when a routine test finds bacteria in their urine. But if they don’t have symptoms, the drugs won’t help.

**When to consider antibiotics:** Before certain surgeries or when you have burning during urination and a strong urge to “go” often.

**Wounds from skin surgery**

*American Academy of Dermatology*

**The problem:** They pose a low infection risk, and antibiotic ointment doesn’t make it lower. Petroleum jelly is cheaper and less likely to cause irritation.

**When to consider antibiotics:** If the wound appears infected, with redness, pain, pus, or swelling, or is in an area prone to infection, such as the groin.

**Respiratory infections**

*American Academy of Pediatrics and the American Academy of Family Physicians*

**The problem:** Colds, flu, and most coughs and cases of bronchitis are viral. Strep throat is bacterial, but less than 15 percent of sore throats in adults are strep. So if you have a sore throat, get a strep test to find out.

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Clearing the air about e-cigarettes

Battery-powered ‘smoking alternatives’ are everywhere. But are they really any safer than the regular kind?

The newest “cigarettes” on the market come with USB hookups and rechargeable batteries, require no lighter or matches, and have LED lights at the tip instead of ashes. They’re electronic cigarettes, or e-cigarettes, and they deliver an atomized form of nicotine that users call “vapor.”

E-cigs are marketed as a smart alternative to tobacco cigarettes. They’re often allowed in places where traditional smoking has been banned, including restaurants and sports venues. House Speaker John Boehner (R-Ohio), a well-known smoker, has reportedly even been seen puffing on one.

But how much is known about the safety of e-cigarettes, and who’s regulating these increasingly popular products? The short answers: Not much, and nobody.

Ads imply that e-cigarettes are safer than regular cigarettes and might help regular smokers kick the habit. But neither claim holds up well on closer inspection. Here’s a quick primer to get you up to speed on those devices and why we think you should be cautious about using them.

A BRIEF HISTORY

Efforts to market a smokeless cigarette began in the 1960s, perhaps not coincidentally around the time that tobacco cigarettes were first linked to lung cancer. But the idea languished until 2005, when China began exporting them first to Europe and then to the U.S.

The idea took a while to catch on, but the market has ballooned to an estimated $1.5 billion in 2013. More than 100 companies now sell e-cigarettes in the U.S., and you can even buy them at Sam’s Club and Walmart. Big tobacco companies have gotten into the game, buying up smaller e-cigarette companies or launching their own lines, plus spending large sums on advertising (including ads featuring such celebrities as Jenny McCarthy).

How do the gadgets work? Drawing on the device activates a battery that heats a nicotine cartridge, which an atomizer then turns into an inhalable vapor. The user exhales a cloud that quickly evaporates. No vapor is released when the device isn’t in use.

ARE BENEFITS REAL?

There have been many claims about e-cigarettes, but the facts turn out to be a little, well, vaporous.

It’s still hard to break the habit.

There’s a little evidence that e-cigs can help people quit smoking tobacco. In a New Zealand study of 657 smokers, they were about as effective as nicotine patches in helping people stop smoking after...
six months, and slightly better than placebo e-cigs, which contained no nicotine. But the differences were minor. In an even less encouraging study, researchers at the University of California in San Francisco looked at data from 75,643 teenagers in South Korea. They found that those who were trying to quit smoking were less likely to succeed if they also smoked e-cigs, and they actually ended up smoking more real cigarettes.

**Safer secondhand smoke?** In one study, researchers compared exhaled vapor from three brands of e-cigarettes with exhaled tobacco smoke and found that the e-cig vapor contained only about one-tenth the level of nicotine as tobacco smoke. And it was free of the particle pollutants and carbon monoxide found in tobacco smoke. But the researchers didn’t test for some of the other potentially worrisome components of second-hand vapor that earlier studies have found, including the solvent propylene glycol and formaldehyde.

**More dangers from nicotine.** Nicotine is not on the Centers for Disease Control and Prevention’s list of known carcinogens. But it’s a highly addictive stimulant that might be unsafe for pregnant women, young children, and people with heart conditions. In high enough doses, it’s toxic. And many e-cigs have more nicotine than tobacco cigarettes.

**Mystery ingredients.** It’s likely that e-cigarettes contain fewer toxins than tobacco cigarettes. But concerns linger over ingredients used as solvents in the nicotine cartridges. A 2009 study by the Food and Drug Administration detected a dangerous chemical called diethylene glycol, which is used in antifreeze, in two brands of e-cigarettes. And in some cases it’s unknown what’s used in the flavors of some cartridges, such as piña colada, vanilla, cherry, and peach schnapps.

**OUR ADVICE: SKIP THEM**

E-cigarettes are unregulated at the moment. As we went to press in early February, the FDA was expected to release a proposed rule that would allow the agency to regulate them in the same way it does tobacco products. That could result in restrictions on advertising or sale to minors and on their use in public places. It would also probably require manufacturers to disclose ingredients and conform to certain manufacturing standards and quality-control measures. But in the meantime, it’s buyer beware.

At least until more is known about the safety of e-cigarettes, our medical consultants say that it’s best to avoid them. If you or a friend or family member is trying to kick a smoking habit, it’s better to stick with approved methods (see the box below).

People who are at heightened risk from exposure to nicotine might want to move away if someone is using an e-cigarette nearby. That includes anyone with coronary artery disease, peripheral vascular disease, diabetes, heart arrhythmias, or hypertension, and anyone who is pregnant or trying to become pregnant. And don’t start the habit just for fun.

**Better ways to break the smoking habit**

Tobacco addiction is one of the hardest kinds to break, but millions of ex-smokers can attest to the fact that it’s not impossible. Here are strategies that have proved to be effective, listed in the order we think you should try them. Under the health care law, new health plans must pay 100 percent of the cost of tobacco-cessation treatment. Coverage details vary, though, so check with your insurer.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
<th>Effectiveness</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral counseling</td>
<td>Individual and group sessions or online and phone support (available free from smokefree.gov and 800-QUIT-NOW)</td>
<td>Research has found it to be effective for many people.</td>
<td>Most people need counseling, nicotine-replacement products, or both to be successful.</td>
</tr>
<tr>
<td>Counseling with a physician</td>
<td>Advice and encouragement, typically included in the cost of an office visit</td>
<td>Increases attempts to quit and use effective medication, which can more than double the success rate</td>
<td>Fewer than half of patients receive advice from their doctor about how to quit smoking. If you want it, you may have to ask.</td>
</tr>
<tr>
<td>Nicotine-replacement products</td>
<td>Over-the-counter patches, gums, and lozenges; prescription inhalers, nasal sprays, lozenges, and skin patches</td>
<td>Most helpful for the first two to three months of quitting, but ineffective when used over the long-term.</td>
<td>Helps ease initial withdrawal symptoms. Consider using one with smoking-cessation counseling.</td>
</tr>
<tr>
<td>Prescription non-nicot ine medication</td>
<td>Bupropion (Wellbutrin SR, Zyban, and generic); nortriptyline (Pamelor and generic); and varenicline (Chantix)</td>
<td>Bupropion and varenicline seem to be effective. Nortriptyline is not FDA-approved for smoking cessation, but is used off-label and shows a modest benefit.</td>
<td>Bupropion and varenicline can increase suicidal thoughts and attempts in adults. Talk with your doctor about safer alternatives.</td>
</tr>
</tbody>
</table>
Poultry
Priority level: Medium to high
Why: To discourage the routine use of antibiotics and questionable feed.

Organic poultry is raised almost always without the routine use of antibiotics. The widespread use of those drugs in food animals is triggering a rise in antibiotic-resistant bacteria. (See “The Truth About Antibiotics,” on page 1.) And organic birds can’t be fed poultry litter (a mixture of droppings, spilled feed, and feathers) or arsenic drugs.

Consumer Reports’ tests have found that organic birds are just as likely to harbor bacterial contamination as nonorganic poultry, but a smaller percentage of the bacteria tend to be antibiotic-resistant.

Beef
Priority level: Medium to high
Why: Nutritional benefits.

As with chicken, organic cattle aren’t raised with routine antibiotics. But for optimal nutritional benefits, look for organic meat that’s also labeled “American Grassfed Approved” or “USDA Process Verified grass-fed,” which guarantees that the animal was raised on a diet of 99 percent grass and forage and had seasonal access to a pasture. Studies suggest that meat from such animals might provide more health benefits than meat from animals fattened on a conventional diet of grain.

Dairy
Priority level: Medium to high
Why: Nutritional benefits.

Research has found that organic milk contains about 60 percent more heart-healthy omega-3 fatty acids than non-organic versions, a benefit that also extends to cheese and yogurt. Organic dairy cows aren’t treated with growth hormones and must eat an organic diet that doesn’t contain animal byproducts.

Seafood
Priority level: Not applicable
Why: Organic labels on fish and shellfish are meaningless, because there are no government-approved organic standards for seafood.

Packaged food
Priority level: Low to medium
Why: To avoid consumption of food additives and synthetic dyes.

At least 95 percent of ingredients in certified organic processed foods must themselves be organic. But a “made with organic” label means that at least 70 percent of the product’s ingredients must be organic.

Organic packaged foods might be most important for children because the foods are not allowed to contain synthetic dyes, which have been linked to attention deficit hyperactivity disorder. Natural food colorings include annatto, beets, and turmeric. But there’s little evidence that conventional packaged goods are a health hazard to adults—except perhaps to their waistlines. Remember, organic cookies are still cookies.

Does organic cost more?
Almost always, but how much more depends on what you’re buying.

<table>
<thead>
<tr>
<th>Product</th>
<th>Conventional</th>
<th>Organic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granny Smith apples, 1 lb.</td>
<td>$1.27</td>
<td>$2.29</td>
</tr>
<tr>
<td>Baby spinach, 9-oz. bag</td>
<td>1.79</td>
<td>1.99</td>
</tr>
<tr>
<td>Russet potatoes, 5-lb. bag</td>
<td>1.98</td>
<td>4.56</td>
</tr>
<tr>
<td>Milk, half-gallon</td>
<td>1.97</td>
<td>3.41</td>
</tr>
<tr>
<td>Boneless, skinless chicken breasts, per pound</td>
<td>2.75</td>
<td>6.67</td>
</tr>
</tbody>
</table>

Source: USDA Agricultural Marketing Service, national average grocery retail prices, Jan. 24, 2014

Watch our video
For more ways to get the most for your organic grocery buck, go to ConsumerReports.org/cro/organic0414.
HealthCareSavvy™

Orly Avitzur, M.D., M.B.A.

Your guide to the new insurance rules

Answers to the most important coverage questions right now

The new health care law has improved a lot of things about health insurance. You can’t be turned down or charged extra if you have a pre-existing condition, all types of basic health services are covered, plans can’t cap annual or lifetime benefits, and most preventive care is free. But your insurance can still be complicated, and if you don’t follow the rules you can run into gotchas that can cost you an arm and a leg. Here are five questions you need to answer before you see a doctor.

1 Is he or she in my plan’s network? That seemingly simple question is anything but. Many practices participate in more than a dozen insurance plans. The list on the health plan’s website might not be up-to-date, so it’s best to double-check first with the doctor’s billing office with the exact name of your plan.

2 What are the limitations and exclusions? All plans have to cover “essential health benefits,” such as physicians, hospitals, drugs, maternity care, mental health care, tests, emergency care, and rehabilitation, but specifics might vary. You’ll find those details in the standardized Summary of Benefits and Coverage form that all plans must supply. Look to see if any services have limitations (such as ceiling on physical therapy visits) or aren’t covered at all (such as acupuncture, dentures, or hearing aids).

3 Do I need a referral or prior authorization? With many HMOs, you need to get approval from your primary-care physician to see other doctors or obtain certain tests or procedures. If you don’t, the plan won’t pay. Don’t wait until the last minute, because offices are inundated with requests.

4 Will this test be covered? A common reason for a claim denial is that an insurance company deems a service “not medically necessary.” You can save yourself an unwanted bill by checking ahead of time with the insurance company and your doctor’s billing office. Keep detailed notes on whom you spoke with and what they told you.

5 How will my medication be covered? Every health plan has its own formulary, or list of preferred drugs, typically organized into as many as four tiers in ascending order of price. Tier 1 usually includes generic medication. You’ll probably be required to pay more for a prescription when a higher-tier brand-name product is dispensed. When starting a new drug, check your plan’s formulary to see what tier it’s in. If it’s expensive, ask your doctor or pharmacist if a similar drug in a lower tier would work as well.

4 payment terms you need to know

You’ll pay your share of health care costs in the following ways.

Out-of-pocket limit. The most you’ll have to spend from your own pocket for medical care in the policy year. Once you hit that limit, your health plan will pick up 100 percent of any additional costs until year’s end. The maximum allowable “OOP” for 2014 is $6,350 for an individual and $12,700 for a household.

Deductible. The amount you must pay for covered services each year before your insurance kicks in. Details might vary; one plan might have a single deductible, while another might have a separate one for prescription drugs. With some plans, not all services are subject to the deductible.

Co-payment. A flat amount (for example, $20) you pay for a covered health care service.

Coinsurance. Your share of the cost of a covered service. With 20 percent coinsurance, for instance, if a CT scan costs $1,000 and you’ve met your deductible, your share of the cost will be $200.

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Got heartburn? The best treatment for you

Here, the right drugs at the lowest possible price

Remember “Plop, plop, fizz, fizz, oh what a relief it is”? Well, heartburn drugs have changed a lot since that TV jingle became popular. Americans spent $6 billion on the acid-reflux drug Nexium in 2012, making it the top-selling branded prescription medication. But other drugs work just as well and cost less, according to a Consumer Reports Best Buy Drugs analysis. Here’s how to treat heartburn right.

1. Get the right drug.

“Proton pump inhibitors (PPIs) are often the first thing doctors give patients for heartburn,” says Lauren B. Gerson, M.D., a gastroenterologist at California Pacific Medical Center in San Francisco. But up to 70 percent of people taking the drugs, such as esomeprazole (Nexium) and omeprazole (Prilosec and generic), might not need such strong medication, research has found.

Some people think that these drugs provide immediate relief, but they can take one to four days to work and should be taken for at least two weeks, or longer if your doctor recommends. PPIs aren’t meant to treat run-of-the-mill heartburn, but rather gastroesophageal reflux disease (GERD), when heartburn occurs twice a week or more for weeks or months. If your symptoms strike less often, use a fast-acting over-the-counter antacid like Maalox, Mylanta, Rolaids, or Tums. Or try an over-the-counter H2 blocker, such as famotidine (Pepcid AC) or ranitidine (Zantac 75). They tend to cause fewer side effects and are typically cheaper than PPIs.

2. Know the risks.

PPIs are linked to pneumonia and C. difficile (an infection that can cause disabling diarrhea; see this month’s page 1 story for more), as well as bone fractures and vitamin B12 deficiency, which can lead to anemia and even dementia.

3. Ease off the drugs gradually.

Quitting heartburn drugs can be difficult because you might get rebound symptoms. They cause your stomach to produce less acid, and stopping suddenly can cause it to overproduce acid. If you’re taking a PPI or H2 blocker once a day, ask your doctor about cutting back, perhaps to every other day, then every few days.

4. Check for other diseases.

Self-medicating with over-the-counter heartburn drugs can mask underlying health problems. Frequent burning or pain in the upper abdomen or chest can signal an ulcer or even esophageal cancer. Some people mistake pain from gallstones or heart disease for heartburn. So before starting any heartburn drug, see a doctor to rule out other health issues.

5. Make lifestyle changes.

A number of steps can help:

- Raise the head of your bed 6 to 8 inches to prevent acid from traveling back into your esophagus.
- Lose weight. Extra pounds put pressure on the abdomen, pushing stomach contents into the esophagus.
- Don’t eat for 2 to 3 hours before bedtime, and avoid having large, fatty meals in general.
- Track which foods cause symptoms, and cut back on them.

Save money on heartburn drugs

All proton pump inhibitors are equally effective and safe. So if you need a PPI, choose by price. As the chart below shows, you could save $200 a month or more by taking nonprescription generic versions of lansoprazole or omeprazole. Where you shop matters, too. Our secret shoppers found that Target and Walmart have the lowest prices for both drugs, while CVS and Rite Aid have the highest. For more information, go to CRBestBuyDrugs.org.

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<th>Over-the-counter drugs</th>
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Consumer Reports Best Buy Drugs report, July 2013.
During a recent visit, a patient read from her notes taken during a conversation she had with a cardiologist. He had told her: “Your echocardiogram was unremarkable; the ejection fraction was 68 percent. There was no LVH. All of your laboratory tests were negative. I'll send a note to your doctor.”

With some embarrassment, she admitted that she had no idea what he was talking about.

There’s no excuse for such poor communication in this day and age when patients are being asked to take more responsibility for their own care. So I provided a translation: An echocardiogram is a moving image of the heart, and “unremarkable” meant that it looked the way it’s supposed to. The “ejection fraction” referred to the amount of blood the heart puts out with each beat (68 percent is normal). “No LVH” meant that the muscle of her heart’s left ventricle wasn’t abnormally thick. And “negative” lab results meant that the tests were normal. (A positive result would have meant there was a problem.)

WHY DOCS TALK THAT WAY

Once upon a time, physicians believed that they should protect a patient’s delicate frame of mind by shielding her from the nature and severity of her illness. They accomplished this by using language that seemed deliberately designed to keep patients in the dark. It’s true that every profession has its own lingo (a legal contract or a paper on theoretical physics is hardly my idea of bedtime reading). But if a doctor fails to communicate effectively with a patient, that person’s life could be jeopardized.

During my training decades ago, I was steeped in jargon. As medical students, interns, and residents, we would actually compete to see who could best narrate a patient’s history and physical exam in the most obscure terms when presenting cases to the distinguished professors on hospital bedside rounds. That was partly to impress our peers, partly to “protect” patients, and partly to preserve their privacy on the open wards, which were commonplace at the time. Thus, a 58-year-old mother of two (whose own mother had had breast cancer), who was having drenching night sweats and intermittent fever, became a 58-year-old gravida 2, para 2 female with FHx of maternal mammary metaplasia who was having severe nocturnal diaphoresis accompanied by febrile episodes. Little wonder that after seven or more years of medical school, house-staff training, reading medical journals, and attending medical meetings, we gradually lose the ability to explain disease in everyday words.

Nowadays, with patients housed in the privacy of one- or two-bed hospital rooms, presentations are much more transparent. I also insist that my students ask patients to chime in if they don't understand something. But as a profession, we clearly have a way to go.

7 STEPS TO UNDERSTANDING

As the patient, it’s your right—and even your responsibility—to fully understand your diagnosis, your outlook, and the possible treatments in terms that are comprehensible. Here are a few tips to ensure that you and your doctor are speaking the same language:

- Bring someone with you, especially if the purpose of the visit is to discuss test results or treatments. A second pair of ears or, better yet, another mouth to ask questions, can be invaluable in such emotionally fraught situations.
- Take notes or ask permission to record the conversation.
- Don’t be intimidated. If there’s something you don’t understand, interrupt to ask for an explanation in plain English. (You are legally entitled to an interpreter if you don’t understand English.)
- Never nod your head or give any other indication that you understand something if you really don’t.
- Ask for references or online sources so you can read up on the diagnosis or treatment.
- Repeat whatever you think you heard so that your doctor will know whether you’re both on the same page. That recap might be the most important tool you have to avoid miscommunication or misunderstanding.
- Leave the door open for anything you may have forgotten by saying, “If I have any questions, I will call or use the online patient portal.”

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**My feet always swell when I fly on a plane. Is that dangerous?**

—D.N., Sun City West, Ariz.

Usually not. But if it persists for more than a few hours after landing, especially if it’s accompanied by calf pain, call your doctor right away, because it could indicate a potentially dangerous blood clot. Many factors can cause your feet or ankles to swell during air travel, including prolonged sitting in cramped quarters, low air pressure, and salty airplane snacks. You can help prevent it by walking in the aisle periodically during the flight, moving your feet and ankles while you’re in your seat, passing on the pretzels, and drinking plenty of water. And try to book an aisle seat to make it easier to stretch and stand.

**Fish-oil pills: Yes or no?**

Q There has been lots of news lately about how supplements don’t work. Are my fish-oil pills still worthwhile?

—B.B., New Haven, Conn.

A Our bodies need the omega-3 fatty acids those pills contain, but most people are better off getting them from fatty fish than from supplements. The latest evidence suggests that fish-oil pills don’t protect against heart attacks or strokes, even for people at risk for heart disease. As with other supplements, non-prescription fish-oil pills are loosely regulated for quality and purity. And they might interfere with medication. In contrast, eating about two servings of fish a week seems to be moderately protective against heart attacks and strokes. Good choices include wild salmon and sardines, because both are low in mercury.

**Water in the ears**

Q I swim for exercise and often get water in my ears. How important is it that I get it out?

—N.G., St. Louis

A It’s somewhat important. Having water stuck in your ears can lead to swimmer’s ear, a bacterial infection marked by itching, inflammation, and pain. It’s usually easily treated with antibiotics. When you get out of a pool, tilt your head to one side and gently pull your earlobes in different directions to help water escape, then dry your ears with a towel. Your doctor might recommend over-the-counter alcohol-based drops after swimming to prevent bacterial growth. If you’re prone to ear infections, wear a bathing cap or earplugs while you do your laps.

**Seasonal sneezes**

Q I sneeze during my morning walk, but I’m fine the rest of the day. Could I have allergies?

—N.M., Washington, D.C.

A Yes. Many cases of seasonal allergies, or hay fever, are because of pollen released from trees, grass, and weeds. Pollen counts tend to be highest between 5 a.m. and 10 a.m., so shifting your walk to later in the day might help curb your sneezing. Moving your workout indoors on days when pollen counts are very high might also help. You can track the counts for your region by visiting the website for the American Academy of Allergy Asthma and Immunology at aaaaai.org/global/nab-pollen-counts.