



Do-It-Yourself **HEALTH TESTS**

You don't have to wait until your next doctor's appointment to find out if you need to work on your health.

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PLEASE NOTE: None of these tests are meant to diagnose or replace your regular checkups. PWDs may have other health problems, like eye disease, kidney disease, nerve disease, and heart disease, so it's important to see your health care team regularly. But these tests can help you keep tabs on your health between appointments.

Over-the-counter home-use tests allow you to check for some diseases and conditions in private. As with glucose tests, you can share results with your doc. For FDA-approved tests, visit fda.gov and search "home use tests."

2 TRACK WEIGHT

Why do it: Many things could cause unexplained weight gain. For

people with prediabetes, it could mean a progression to diabetes or

worsening insulin resistance. If you have diabetes, both weight gain and

weight loss could reflect worsening pancreatic function. Certain meds

can also cause you to put on pounds, so talk with your doctor. More

concerning causes of weight gain may be fluid retention as a result of heart

failure, worsening kidney function, and hypothyroidism.

How to do it: Unless you're trying to lose weight—some studies suggest that daily weighing is best—jump on a scale weekly. Weigh in at the same

time of day, preferably right away in the morning and without clothes.

1 WAIST-TO-HIP RATIO

Why do it: The more overweight you

are, the more resistant to insulin you are, which can lead to type 2 diabetes

or worsen your diabetes. Yet the problem isn't always how much fat

you're carrying but where that fat accumulates. The type of fat around

your belly is most associated with insulin resistance and heart disease.

How to do it: Wrap a tape measure around the narrowest part of your waist

(belly) and log your measurement; then measure your hips at the widest part.

Divide waist circumference by hip circumference. If under age 60, women

should be under 0.86, men under 0.95.

3 RESTING HEART RATE

Why do it: Having a higher resting heart

rate (RHR)—your heart rate while in a resting position—could increase your

risk of diabetes. One study from the *International Journal of Epidemiology*

found that each additional 10 beats per minute increased diabetes risk by

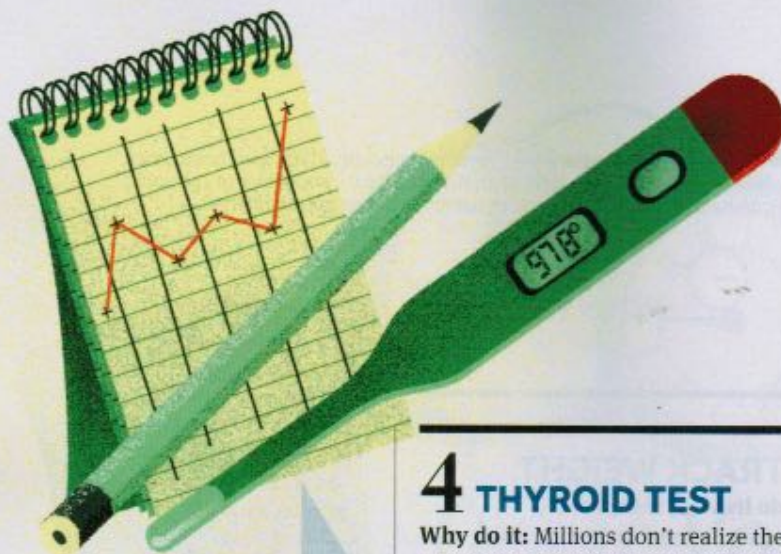
23 percent. People with the highest risk had an RHR of 80 or more beats per

minute (BPM). Studies also show elevated RHR is a risk for heart disease.

How to do it: Before getting out of bed in the morning or after resting for five minutes, find your pulse with your fingers on your neck or wrist and count your heartbeat for one minute. Do this several times and average the numbers. If your RHR is above 80 BPM, make exercise a bigger priority.

< 80 BPM





Take your temperature at various times of the day when healthy to learn your baseline body temp, which varies by person. This can help you spot increases or decreases, which could signal illness.

4 THYROID TEST

Why do it: Millions don't realize they have an underactive thyroid—a gland that produces hormones that help fuel your body's energy tanks. The condition is more prevalent in PWDs and can heighten diabetes complications.

Symptoms of underactive thyroid include fatigue, depression, being overweight, dry hair and skin, brittle nails, high cholesterol, blood pressure problems, low libido, constipation, and intolerance to hot or cold temperatures.

How to do it: Grab a glass of water and handheld mirror. With the mirror in your hand, look at the lower front area of your neck, above your collarbone and below your voice box, which is where your thyroid gland is located. Keep your eyes on this spot as you tip your head back and swallow a sip of water. Do you see any bulges or protrusions close to your collarbone when you swallow? If you're not sure or you're focusing on your Adam's apple, try again. If you do see something, it could be a sign of an enlarged thyroid or a nodule that should be checked. However, you can have thyroid disease without this symptom. The best check of thyroid function is a blood test at the doctor's office.

5 BP CHECK

Why do it: High blood pressure might be dubbed the silent killer, but low blood pressure comes with its own consequences: poor circulation, slow healing, and overall low energy.

How to do it: Be aware of how you're feeling when you stand. Light-headed? Call your doc to get checked. In the meantime, do a quick test with an at-home blood pressure monitor (get one at the pharmacy). After sitting for five minutes, check your blood pressure. Do the same after standing. If you notice a drop of about 10 mmHg in the systolic (upper) number from sitting to standing, it could indicate blood pressure issues.

6 KIDNEY FUNCTION

Why do it: Changes in urine in PWDs or prediabetes might signal future kidney issues. Your doc will do a urine test to check for protein leaking in the urine along with a blood test to measure kidney function at least once a year. If excess protein is detected in urine, it will warrant further evaluation, follow-up studies, extra care watching kidney blood readings, and possibly med changes.

How to do it: It's difficult to spot changes in your urine at home, but three things should prompt you to call your health care provider: spotting, foam, or blood in your urine.



EXPERT TIP Home blood glucose monitoring has been standard for years. Now at-home A1C tests have hit the market. They can be very helpful for better management.

—Robert Gabbay, M.D., Ph.D., chief medical officer at Joslin Diabetes Center



7 BALANCE TEST

Why do it: A study published in the *Journal Stroke* found that being unable to balance on one leg for 20 seconds or more was associated with cerebral small-vessel disease, which could up the risk of stroke and decreased cognitive function. (Uncontrolled blood sugars over time can affect brain health, too, so keep your numbers in check to avoid complications such as dementia.)

How to do it: Stand with your weight evenly balanced between both legs. Lift one leg and, with your eyes open, clock how long you can balance, up to one minute. Your goal? 20 seconds or more.

SOURCES: Donald David, M.D., chief of the Division of Gastroenterology, City of Hope hospital in Duarte, California; Robert Gabbay, M.D., Ph.D., chief medical officer, Joslin Diabetes Center; Xiang Gao, M.D., Ph.D., director of the Nutritional Epidemiology Lab, Pennsylvania State University; Robert C. Greenwell, M.D., chief of the division of nephrology, Mercy Medical Center in Baltimore; Sharonne Hayes, M.D., FACC, FAHA, founder, Women's Heart Clinic, Mayo Clinic; R. Mack Harrell, M.D., president, American College of Endocrinology; Melissa B. Jampolis, M.D., internist in Valley Village, California; Richard L. Shames, M.D., creator of *thyridpower.com*.



Poor balance is also related to problems such as falling, neuropathy, and inner-ear issues, so talk to your health care provider.

COLON CANCER SCREENING AT HOME

Cologuard, the newest, most streamlined at-home colon cancer test, could help you avoid an invasive colonoscopy. Ask your general physician about it.

What is it? Cologuard, a \$600 test (if you're under age 65, it's not covered by insurance), requires you to poop in a provided container, place the container in a box, and send the box to a lab. The lab analyzes the sample and sends your doctor the results, which will be either positive or negative. If positive, you'll be encouraged to get a colonoscopy. If negative, you're clear for three years. At that point, you can repeat the Cologuard test or undergo a colonoscopy.

Does it work? Yes. It is 92% accurate at finding cancer; a colonoscopy is 95% accurate.

Skip the colonoscopy? If you have an average risk of colon cancer, you should get your first colonoscopy (or other colorectal test) at age 50 and then every 10 years until you turn 75. PWDs have a higher risk and might be advised to check earlier and more frequently. Although colonoscopy remains the gold standard, Cologuard may be an option for you.