

Healthwise

A Handbook on Healthy Aging



A D.I.N./Lifeworks Publication
by Christina Dye

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Do It Now Foundation

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Changing Times

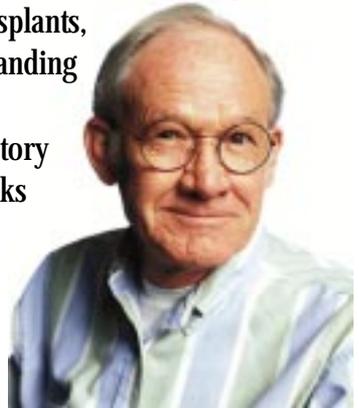
Change. It's a big part of life. You don't have to look far—or still have 20-20 vision—to see that. It's the force that's pushed the universe forward since creation. From the tentative first steps of a one-year-old to the seasonal sweep of the stars across the sky, change turns up everywhere, all at once—and touches every part of life.

For each of us as individuals, too, life is a process of change. We age, in moments and minutes, from our first words to our last breath. It's what we were biologically designed to do.

But today, even aging is changing. We see it in everything from advances in open heart surgery to organ transplants, as medical breakthroughs expand our understanding of how we grow and how we grow older.

We know more now than at any time in history about how the body works and how it breaks down.

We've studied the connection between thought and feeling and action and well-being and have learned what each of us can do to make our bodies work better, longer.



At the same time, new technologies—in personal health and other areas—are reshaping our lives and remapping our destinies in ways that were unthinkable just a few years ago.

These changes are redefining what it means to be “getting older.” And *that* poses all sorts of possibilities for people approaching or passing the late-middle adult years.

You, for example. And me.

The Graying of America

There are lots of others like us, too. In fact, we’re main cogs in one of the most important social revolutions that will take place over the next half century, one that’s just now getting started.

It’s been called the “graying of America” because it rests squarely on the fact that we’re growing older as a nation—and not just as individuals.

According to the U. S. Census Bureau, in 1950 only 8 percent of the population was 65 or older. By 1990, that number had risen to over 12 percent, or about 31.2 million people.

And the process has only begun. Lower birth rates of the past 20 years and the aging of the post-World War II “baby boom” generation—who will

start turning 60 in the first years of the next century—means the population scale is fast tipping in favor of older adults.

Even as more Americans join the ranks of what used to be called “old age,” older people are confounding everyone (and often themselves) by living longer and better.

Life expectancy has jumped some 27 years since 1900 alone. And because of improvements in medical care, the increase in life span is most often



seen as an extension of the productive middle years of life, rather than as a tacked-on burden at the end.

This “graying” of America—and the changes it represents—will pick up even more speed as we add new members in the next few decades. In fact, by the year 2030, more than 115 million Americans—nearly 40 percent of the total population—will be 50 or older. Sixty-five million will be 65 or older.

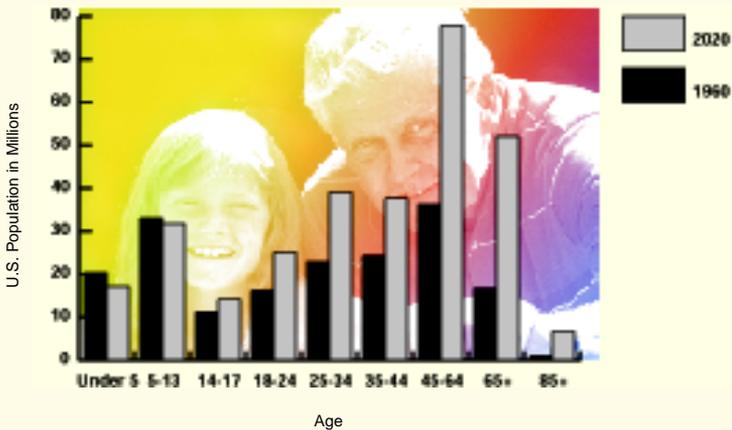
What’s it all mean? Well, for one thing, it means that we, as a nation, will have to re-examine many of our basic assumptions in sorting out the problems and potentials of an increasingly “gray” population.

It also means that each of us will need to take greater responsibility for ourselves in what’s likely to be a dynamic social landscape.

And a good place to start is with our own health.

Generational Shift: 1960-2020

Source: U.S. Census Bureau



Maturity Boom: Improved health care and longer life expectancy mean that older people will be a larger part of the population in the future than in the past.

Health isn't something that just happens to us or that doctors do to us. It's something we create for ourselves...

■ Self Care

We should start by realizing that many of our ideas about the perils of old age are just that—ideas.

Most older Americans today live longer and better—financially, emotionally, and physically—than at any other time in our history.

Only 5 percent of the over-65 population receives round-the-clock care in nursing homes. And while poverty and poor housing still loom as serious problems for some older Americans, particularly minorities and widows, the economic gap between retirees and the younger adult population has nearly snapped shut.

Still, few of us really relish the idea of growing older.

We resist the physical changes that aging brings or we simply dislike thinking of ourselves as “old.” We worry about poor health in our middle- and late-adult years, or brood over the specter of spending our days in front of a TV set, shut off from family and friends.

Since aging *is* an inescapable fact of life—and since it *can* create problems for people—it's a good idea to understand exactly how our bodies change as we grow older.

And given the fact that it's happening to all of us (and to more and more of us at the same time), taking a firm grip on our own health care may well be the best way to preserve something priceless—our health and our personal independence—and to prevent problems from endangering either.

That's why we've written this booklet: to help you make the choices that count for your health and well-being.

In the pages that follow, we'll review the changes we all go through as we age and discuss problems that passing years can bring. Then we'll suggest ways of avoiding those problems.

Because health isn't something that just happens to us or that doctors do *to* us. It's something we create, in large part, for ourselves out of the myriad of choices we make in our lives.

This booklet is for everyone who's ever wondered about or worried over life after 50. It's for those who've never thought much about their health, for those who fear the doctor because they're afraid of disease, and for those who just want to stay well as simply as possible.

It's meant for all of us because we're all aging every minute of our lives. And because we so easily forget that getting older doesn't have to mean being old.

2

How Our Bodies Age

Growing older can mean lots of things, but perhaps most of all it means growing *different*.

Because the older man is not only older than he once was; he's biologically different in lots of ways. His blood pressure is often higher and his body temperature is usually lower. His heart pumps less blood and his lungs take in less air. His body is thicker, as the proportion of lean muscle to body fat decreases, and his hair is thinner—what hair he has left.

It's the same for women—for all of us, really.

That's why we really should consider the changes we all go through in our journey through life. Because if knowledge is power, it's never stronger than when it's used before problems start.

■ The Aging Process

The first thing we need to point out about aging is that it is a process that no one still fully understands.

There doesn't seem to be a single biological or evolutionary reason why our cells and organs slow down, our hairlines inch backward, and our energy levels decline. The best guess for now is



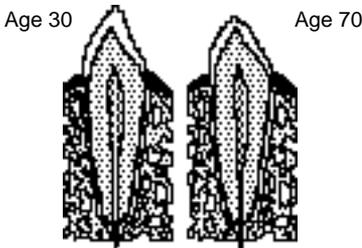
that aging is a part of the still-mysterious genetic code etched into our DNA.

But even though we haven't figured out why aging occurs, we're much more familiar with how it occurs and the signposts it leaves to record the passage of time. You've probably noticed a few, yourself.

■ **Skin, Hair, Teeth.** Changes in the texture and dryness of our skin and the gradual thinning of hair and teeth are among the most obvious signs of aging.

For most people, the first signs of wrinkles appear as early as age 30, although a man's skin ages more slowly than a woman's. Wrinkles are caused by the drying and thinning of skin linked to loss of water and oils. The process can't be reversed, but it can be slowed by avoiding exposure to sun.

The same goes for teeth. Years of chewing can cause tooth enamel to thin, but most tooth loss and gum problems are due to poor self care.



Preventable problems. Although enamel on the surface of teeth thins with age, most tooth loss and dental problems are the result of preventable tooth and gum decay.

That's why it's never too late to begin brushing and flossing—if you still have something to brush and floss. It may not save all your teeth, but it can stop future tooth loss.

■ **Sight, smell, hearing, and taste.** For most of us, changes in our senses are among the least welcome aspects of aging. Maybe that's because we know we can stay fit if we want to, but we may not be able to stop the slow fading of eyesight and hearing. And we don't want to miss the smell and taste of things in life we love so well.

Vision changes start early. That's because the lens of the eye hardens throughout our lives. By age 50, most of us have at least some trouble reading without glasses. Peripheral and night vision grow worse as the lens thickens.

Taste and hearing also suffer. We lose taste buds every year (more than



Eyes age, too. As the lens of the eye hardens, the muscles that control the eye become increasingly unable to focus on nearby objects.

half the taste buds we had at age 30 are gone by age 70) which can mean that food tastes blander. Our sense of smell grows less keen, too, and changes in the inner ear make it harder for us to hear higher-pitched sounds, although conversational tones are less likely to be affected.

■ **Height, Weight, Muscles.** Other differences that affect us all as we grow older include changes in weight, height, and bones and muscles.

Changes in height? You bet. Gravity can take an inch of our height by age 70 and what's left can feel a lot less limber as muscle cells are replaced by less-elastic connective tissue. Body stores of vitamins and minerals, such as calcium, can also drop, leaving bones weaker and more brittle and other organs less efficient.

Adding insult to injury, body fat accumulates as we age and shows up in all the wrong places: hips, thighs, and buttocks for women, waist and chest for men.

■ **The Brain and Other Organs.** All body systems slow with age. The heart pumps less blood with each beat, the lungs take in less air, and the kidneys filter the bloodstream about half as quickly as they did in our prime.

The brain and central nervous system even get in the act. Blood flow

The changes that accompany growing older aren't all bad. In fact, some are downright useful.

to the brain drops and the brain itself loses 10-20 percent in weight by age 85. Still, mental skills are not seriously altered. Unless disease or injury damages the brain, new growth in existing nerve cells makes up for the cells we lose as we age.

Sound depressing? It shouldn't, because the changes that accompany growing older aren't all bad. In fact, some are downright useful.

The decline in sensitivity of nerve cells, for example, helps lower our responsiveness to pain, and the gradual thickening of the lens in the eye can cure nearsightedness for some. And since we also need less sleep as we get older, we have that much more time to spend with our favorite people and projects.

Other changes only require that we adapt to them. They're not bad in themselves; they're simply differences between the way we are now and the way we once were.

That's what is worth remembering in all this: that we *are* changing and need to be aware of those changes as we make choices in our lives. And if we make the right choices, we not only reduce our risk of disease and discomfort; we also improve our chances of staying healthy, productive, and independent for the rest of our lives.

And when you stop and think about it, no one can ask for more of a chance than that.

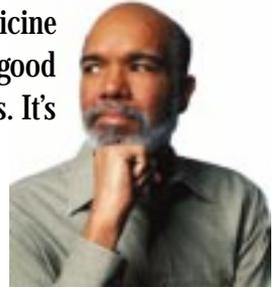
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Knowing Ourselves

Aging brings all kinds of changes, differences in how we look and feel today compared with how we used to look or feel 10, 20 or more years ago. Accepting these differences as the natural outcome of our journey through life determines whether we look and feel *well* as we age. And that's true no matter how old we are.

It's easy to think of good health as a matter of luck or having the “right” genes or a good upbringing, if we bother to think about it at all.

But one of the real revolutions of modern medicine is the growing awareness that much of our health, good and bad, is a direct result of *how* we live our lives. It's a product of choices we've made and haven't made, and those that we'll make today and tomorrow, for as long as we're alive.



We know, for example, that many diseases (including the top three causes of early death in America—heart disease, cancer, and stroke) are largely shaped by habits and lifestyle. And we know that others can be prevented or minimized through healthy lifestyle choices.

This booklet is about finding out which choices are “healthy,” and appropriate for you. We hope that you’ll use that knowledge to make healthy choices a main part of your personal self-care routine.

We’ll begin that process by asking you to take a close look at where you stand now, health-wise.

So take a few minutes now and fill out the questionnaire that follows. Your score will point out the areas you’ll probably want to focus attention on, whether it’s controlling your weight or improving your diet. Your answers will also highlight issues that could cause problems later, whether a high-risk heart profile or a pattern of problem drinking.

So take a few minutes now and work through the test. Then use it as a blueprint for your own personal health plan. And remember: Real health begins with awareness. And awareness begins by recognizing where we are right now.

HEALTHWISE HEALTH INVENTORY

What’s Your Health Quotient?



Select the items that best apply to you.

► Nutrition

How often do you include fresh fruits and vegetables and whole grains (cereals, muffins, wheat bread) in your diet?

Rarely 1-4 times each week Daily

Do you substitute low-fat foods (lean meats, margarine, broiled or baked foods) for fatty meats, butter, and fried foods?

Rarely 1-4 times each week Daily

How often do you include two servings of calcium-rich foods (milk, cottage cheese, yogurt) in your daily diet?

Rarely 1-4 times each week Daily

► Fitness & Weight Control

Are you overweight?

20+ pounds

5-15 pounds

Less than 5 pounds

How often do you walk, swim, or do some other form of exercise?

Once a month

Once a week

Daily

► Substance Abuse

Do you smoke cigarettes or regularly use any other tobacco products?

Yes

No

Do you often drink to excess or overuse aspirin or prescribed medications?

Yes

No

► Health Awareness

Is your cholesterol level or blood pressure above normal?

Never tested

Yes

No

Do you know cancer's warning signs and check yourself regularly for them?

Yes

No

► Social Support

How often do you see friends or relatives?

Once a month

Once a week

Several times a week

How often do you participate in social groups (e.g. church, clubs, etc.)?

Rarely

Sometimes

Often

► Scoring Guide

Total each type of response and multiply by the value shown.

| | | | |
|-----------------------------|--------------------------------|--------------------------------|---------|
| <input type="radio"/> x 1 = | <input type="checkbox"/> x 3 = | <input type="checkbox"/> x 5 = | Total = |
|-----------------------------|--------------------------------|--------------------------------|---------|

What Your Score Means

- ▶ **40-55. Great Work!** You've developed good health habits that will minimize health problems and last a lifetime. Keep it up!
- ▶ **27-39. Good.** You're doing fine, but there's still some room for improvement. Look at the areas where you lost points, and start there.
- ▶ **16-26. Fair.** You pay some attention to health, but could pay more. Look closely at your low scores and focus on these areas in the weeks and months ahead. If you don't, you may have to pay more than attention.
- ▶ **Less than 15. Poor.** You don't think good health is worth the effort. But remember: It's never too late to start the best part of your life. Why not start now?

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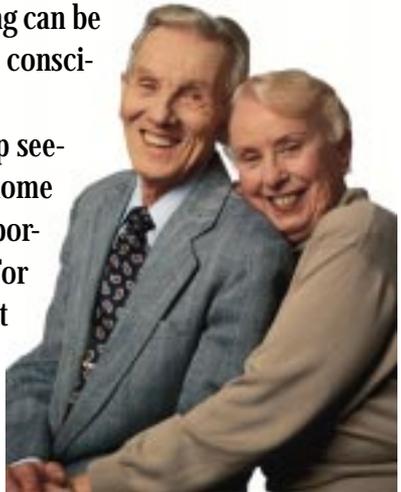
Preventing Problems

In many ways, personal health simply involves making the most of the materials we have to work with. We can't go back and rewrite our DNA, erasing the genetic codes that predispose us to arthritis, for example, or high blood pressure. And neither can we reverse the changes that aging itself has already brought about.

This doesn't mean we should simply shrug and resign ourselves to passivity. Not at all.

Because today, traditional aging-related disorders seem less and less inevitable. And increasingly, we're coming to realize that many of the problems and pains that accompany aging can be controlled—or avoided altogether—by conscientious self-care.

We're not saying that you should stop seeing your doctor and treat yourself with home remedies. Regular check-ups are an important part of staying healthy at any age. For those of us over 50, an annual exam just makes good sense—as the best way to make sure we're still as healthy as we feel and to keep little aches and pains from becoming *big* problems in the future.



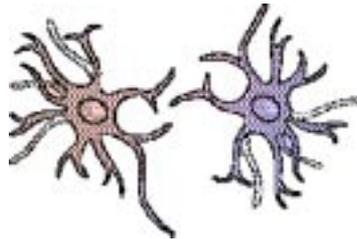
Other troubles aren't so easily avoided. For these problems, which can include everything from cancer to cataracts, prompt diagnosis and treatment is essential. And the key to prompt diagnosis is keeping yourself informed, so you can keep your doctor informed.

What follows, then, is a quick guide to common physical and emotional problems you should be aware of—and guard against.

■ Alzheimer's Disease

A disorder linked to a poorly-understood breakdown in brain centers involved in emotions and thinking, Alzheimer's disease gradually robs victims of memory, judgment, and emotional control.

Alzheimer's origins. The symptoms of Alzheimer's disease are believed to be caused by nerve cell abnormalities in the brain.



The disease also weakens the immune system, making it harder to fend off infection and disease. Symptoms include:

- Problems in remembering recent events or significant people, including family members.
- Difficulty performing familiar tasks or following instructions.
- Confusion, poor judgment, and difficulty in talking or finishing thoughts.
- Behavior and personality changes, including extreme irritability.

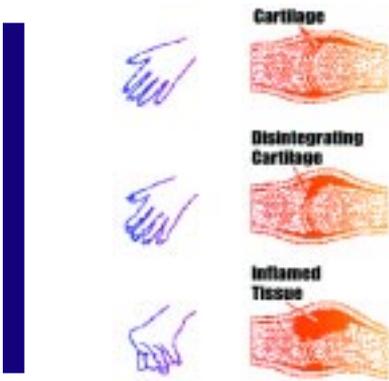
No one knows how or why Alzheimer's disease happens, although heredity is thought to play a role in about a quarter of all cases.

Proper care and treatment of any infections can minimize many of its effects, so early diagnosis is critical.

■ Arthritis

Some 36 million Americans suffer the stinging stiffness and swollen joints that signal arthritis.

The most common form of the disease is *osteoarthritis*. OA results from aging-related wear and tear which thins cartilage in the joints, causing bones to rub against each other. *Rheumatoid arthritis* (RA) is a more severe form that occurs when the body's immune system attacks



Painful facts. Arthritis can leave normal joints (top) swollen and distended. One form of the disease, osteo-arthritis (middle), results from simple physical wear and tear. An often severe form is rheumatoid arthritis, which can cause serious disfigurement.

tissue in the joints. Untreated, RA can cripple.

The outlook today for arthritis sufferers is a whole lot brighter than it once was. Exercise therapy and new drugs are taking aspirin's place as the treatment of choice. Surgical replacement of worn-out joints with synthetic materials is so successful now that 90 percent of replaced joints still work 10 years later.

■ Cancer

Cancer is a state of abnormal cell growth and reproduction that can affect any part of the body. Skin cancer (often due to overexposure to sun) is the most common form, while lung cancer (usually due to smoking) is the deadliest.

The outlook today for arthritis sufferers is a whole lot brighter than it once was.

Most cancers can be controlled if detected early enough. Be aware of the seven warnings signs of cancer, and report any that you may notice to your doctor immediately:

- Changes in bowel or bladder habits.
- A sore that does not heal.
- Unusual bleeding or discharge.
- Thickening or lump in the breast or elsewhere.
- Indigestion or difficulty in swallowing.
- Obvious change in a wart or mole.
- Nagging cough or hoarseness.

New breakthroughs in cancer treatment provide hope. According to a recent survey by the National Cancer Institute, almost half of cancer patients today live 5 years or longer after diagnosis, compared with just one-third in 1972.

Like Alzheimer's disease, cancer is still poorly understood. Some forms seem to run in families, but increasingly, research is linking many—perhaps most—types of cancer with lifestyle. And that means cancer *can* be prevented.

Want to cut your risk?

The American Cancer Society advises to start by slimming down and toning up. If you smoke, stop. Cut down on fat intake (especially smoked and nitrite-cured meats, like hot dogs and bacon), and increase consumption of high-fiber grains, fruits, and vegetables.

Include foods that have been shown to reduce cancer risk, including “cruciferous” vegetables (such as cabbage, broccoli, brussels sprouts, and cauliflower), and those rich in vitamin C (any citrus fruit) and vitamin

A (carrots, spinach, apricots, cantaloupes, tomatoes, and peaches). Avoid overexposure to the sun.

■ Depression

We all go through occasional periods of sadness and low spirits from time to time.

It's important to remember that depression is a normal response to change, and sometimes it's an appropriate one, at that.

Aging-related illness, loneliness, deaths of friends and loved ones, and inactivity can stir up feelings of sadness, futility, and plain old frustration. Physical symptoms may also appear, and these can include sleep problems, poor appetite, fatigue, and loss of interest in sex.

Common depression usually resolves itself over time, sometimes with the assistance of a therapist or supportive friend. More severe, long-lasting depression, though, can require intensive therapy, hospitalization, or drug treatment.



But that usually isn't the case for most older people, who rarely need more than a friendly ear—and a little time to put things back into perspective.

■ Diabetes

Some 11 million Americans suffer from diabetes, a disease caused by the body's inability to use sugar normally. About a million have Type I diabetes, which results from insufficient production of *insulin*, the hormone that breaks sugar down and converts it to energy.

Type I diabetics must inject themselves with insulin every day to function normally and stay alive.

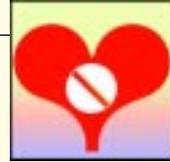
More common—and more likely to strike older adults—is Type II diabetes. Here, the body continues to produce normal (or even above-normal) levels of insulin, but for reasons still unknown, it fails to curb blood sugar levels. Warning signs of diabetes include:

- ▶ Excessive urination and thirst.
- ▶ Hunger.
- ▶ Loss of weight.
- ▶ Nausea, vomiting, or difficulty in breathing.

If you have any of these symptoms, don't put off being tested.

Aspirin: One for the Heart?

Will an aspirin a day keep the doctor away? Definitely, maybe. That's the word from several new studies that show a daily dose of aspirin can reduce the risk of heart attack for some people.



But don't rush to your medicine cabinet just yet. Experts say that aspirin lowers heart-attack risk by reducing the clotting factor in blood. That means that small clots in the heart can be dissolved before they become big clots—and cause big heart attacks. The problem is that decreased blood clotting can raise the risk of other problems, including stroke.

The best bet for now is to check with your doctor before you decide to put yourself on “aspirin therapy.”

Then, if your doctors approves, keep these points in mind:

- Don't overdo it. Doubling the dose doesn't double the benefits.
- Choosing coated, or “buffered,” aspirin brands will reduced the risks of stomach irritation and bleeding.
- Aspirin can trigger serious problems and allergic reactions.

And even though aspirin *does* improve heart-attack odds for most people, doctors warn that the drug is not a cure-all: It's not a substitute for a low-fat diet and regular exercise, or for giving up smoking. And no matter *how many* good things you hear about aspirin, those should stay the three main points in any heart disease prevention plan.

Untreated, diabetes can damage blood vessels in the eyes and kidneys and lead to kidney failure and blindness.



■ **Drugs & Alcohol**

As we grow older, drugs and alcohol are no less a threat than cancer and diabetes and ought to be regarded as such.

And regardless of whether or not we've had problems before, life changes associated with getting older can leave us all vulnerable to drug and alcohol abuse.

Signs of chemical dependency center on inappropriate or excessive use of mood-altering substances, including drinking alone, drinking or using drugs every day, and taking drugs or alcohol to cope with stress, fears, or loneliness.

Treatment typically involves abstinence combined with individual therapy or group counseling. Some people are successful in resolving the problem themselves, while others find support groups helpful.

■ **Glaucoma & Cataracts**

Nearly two million older Americans suffer from glaucoma, an eye disorder that causes rapid build-up of pressure inside the eye. Untreated, the pressure eventually damages the optic nerve, causing blindness.

Glaucoma seems to strike suddenly because early symptoms can be mistaken for other problems. Signs to watch for include:

- Hazy sight (beginning at the side and spreading to center vision).
- Problems in adjusting from bright to dim light.
- Seeing colored rings around lights at night.

A glaucoma test is simple and painless, and should be undergone

every year. Most eye doctors include the test in their standard eye exam. If detected early, special eye drops can treat it; more advanced cases require surgery.

Cataracts arise from the natural thickening of the lens with age. Beginning as cloudy spots on the lens of the eye, cataracts eventually reduce vision by blocking out light. Without treatment (usually surgery to remove the affected lens), the spots spread across the entire lens and can cause blindness.

■ Heart Disease

Still the number one cause of early death in this country, heart disease affects 69 million Americans. This year, 1.5 million will suffer a heart attack and for at least a third of those it will prove fatal.

Linked to a build-up of fatty deposits (called *cholesterol*) in the arteries leading to the heart, the disease slowly chokes off blood flow to the organ, triggering heart attack or stroke.

Major advances in treating heart disease—from re-routing blood to undamaged arteries in a surgical procedure called a *coronary bypass*, to new drugs that reduce cholesterol levels—are improving the odds of



Sticky business. Cholesterol deposits in the arteries can cause obstructions that lead to heart attack and stroke. Smoking and fatty foods are two main causes of heart disease.

survival. Recent studies also show that taking a daily aspirin —alone or in combination with other anti-clotting drugs—can reduce the risks of heart attack.

But prevention—in the form of exercise, a low-fat diet, and avoiding use of all tobacco products—is still the best way of stopping heart disease before it gets started, or healing the damage if it's too late to prevent it.

■ **High Blood Pressure**

Cholesterol is also a main factor in hypertension, which makes the heart work harder to push blood through the body.

Although it's a leading cause of strokes and plays a major role in heart disease and arteriosclerosis (hardening of the arteries), hypertension often has no symptoms.

But that doesn't mean it isn't serious: Moderate blood pressure problems lower life expectancy an average of 3-6 years; severe hypertension can rob us of 8 years or more.

High blood pressure can usually be controlled through drugs, diet, and lifestyle changes. Weight control is critical, since carrying too many pounds is a factor in about 60 percent of all blood pressure problems.

■ **Osteoporosis**

Osteoporosis is caused by the loss of bone tissue as we age. Some 15-20 million Americans over 45 suffer mild to severe forms of the disease. It strikes both sexes, although women are more likely to suffer its disabling effects.

Why? Researchers suspect the disease is often tied to dwindling body levels of the female hormone, *estrogen*. That would explain why it often shows up among women who've passed menopause. Other risk factors include too little calcium in the diet, smoking, alcoholism, and lack of exercise.

Although calcium supplements have been touted as a way of warding off the disease, new studies show that calcium pills offer little protection

against osteoporosis. Calcium-rich foods (including milk, cheese, and other dairy products) may help, though. Low-fat versions are recommended.

■ Parkinson's Disease

Parkinson's disease is a disorder that causes tremors, slowed movement, and body rigidity. Most cases are seen in people over 50.

The disease is linked to a sudden drop in brain levels of *dopamine*, a chemical that carries messages between nerve cells. It usually starts with uncontrollable trembling in the arms or legs, and causes severe loss of memory and judgment in its later stages.

The Anti-Cancer Diet?

Can fruits and vegetables reduce cancer risk?

The National Cancer Institute thinks so, and they back up their opinion with facts—and a recommendation that we all eat more high-fiber foods and cut down on dietary fats as a way of reducing our risk of certain types of cancer.



Other studies show a similar link between a high-fiber, low-fat diet and reduced risk of other problems, including diabetes, heart disease, hemorrhoids, and high blood pressure. To increase fiber in your diet:

- Eat a variety of vegetables, fruits, nuts, and beans every day.
- Don't peel fruits and vegetables. Eat them with their skins on, when possible. Peels are often an excellent source of fiber.
- Choose whole grain breads, muffins, and cereals, rather than so-called "enriched" white breads and refined cereals.

Most importantly, begin changes now. Experts advise that it's never too late to start to take charge of your life—and your diet.

Some victims also develop Alzheimer's disease.

Treatment involves therapy with a drug called *L-dopa*, either alone or in combination with other drugs.

■ Prostate Problems

Many men suffer prostate gland problems, particularly as they get older. Main types include simple enlargement of the prostate, prostate infection (called *prostatitis*), and cancer.

Symptoms of prostate troubles may already be familiar:

- Frequent, nightly trips to the bathroom.
- Slower, less forceful urination.
- Difficulty in passing urine or a long wait.
- A strong need to urinate a second time (due to incomplete emptying of the bladder).

Although antibiotic drugs are commonly used to treat prostate infections, surgical removal of the gland is sometimes necessary. The procedure does not reduce sexual ability.

■ Sleep Problems

Nearly 30 million Americans have trouble falling asleep—or staying asleep—at one time or another in their lives.

If you're like most of us, you probably grew up thinking you need at least eight hours of sleep each night. You may even worry about it when you wake after less. But most older adults simply need less sleep—in fact, 80 percent get by well on six hours or less.

The reason is simple. As we age, our body rhythms slow down and the “biological clock” that tells us to head for bed rings less often.

Still, changing sleep patterns *can* be stressful. Sometimes, sleep

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problems—such as waking in the night or being unable to fall asleep—can intensify tension and fatigue.

Sleep researchers offer these tips for beating insomnia:

- Stick to a regular sleeping schedule. Don't go to bed unless you're sleepy, but always get up at the same time no matter how long you slept. Don't take afternoon naps.
- Eat or drink a light snack before bed. Milk and muffins or low-salt crackers are a good choice.
- Don't drink caffeine-containing beverages (coffee, soft drinks, or tea) in the late afternoon or evening. Smoking may also intensify insomnia.
- Don't rely on alcohol or sleeping pills to knock you out. Drugs and alcohol disrupt natural sleep cycles so that you get even less rest, no matter how long you sleep.
- Exercise. A brisk walk can bring longer and more restful sleep, while helping to keep muscles fit and mood high. Avoid exercise close to bedtime, though.

5

A Personal Action Plan

Thinking about the problems that can hit us once we hit 50 can be intimidating. But becoming intimidated is the last thing we need. Of course, we don't want to get old. And of course, we've all indulged—at one time or another—in worry about growing older.

That's natural, and healthy, if it helps us rethink where we stand, health-wise, and picture where we'd like to be.

That's what we hope you'll be doing as you read this chapter, anyway. In it, we'll talk about the choices each of us can make to make our lives healthier and happier, and to shake loose from the blues when it grabs us.

You might even notice that the same activities that keep us physically fit also boost mood and outlook.

Funny how these things fit together, isn't it?

■ The 'Ideal' Diet



One of the shortest shortcuts to better health involves simple changes in diet. We've all heard "You are what you eat" so often it sounds trivial now.

Still, dozens of studies confirm that diet not only makes a difference in how we feel now, but also in how we're likely to feel tomorrow and the next day and the next.

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Day-to-day examples abound. High-fat, high-protein foods (such as meat, eggs, and butter) take longer to digest and leave us sluggish, one reason we can get sleepy after a big Sunday brunch.

Other foods (particularly pre-packaged snacks and desserts) contain simple sugars that cause a quick lift followed by a fast fade, increasing both restlessness and irritability.

We're not saying you should cut meats and sweets from your diet completely, but you should limit the amount of these foods you eat. Sweets, in particular, can offer carloads of calories, but few vitamins and other nutrients.

Dietary changes also lower our risks of many diseases. Such groups as the American Cancer Society, the American Heart Association, and the American Diabetes Association agree on the importance of diet in managing cholesterol levels and preventing disease and disability.

In fact, the need for change is so compelling that these organizations offer nearly the same recommendations. They're worth a try:



- **Fat.** Cut back fats to 30 percent of daily calories by eating less red meat and more low-fat dairy products. Only 10 percent of daily fats should be saturated, like those in animal and dairy products.
- **Fiber.** Increase fiber and complex carbohydrates by eating more grains and fresh fruits and vegetables. Half of all daily calories should come from these sources.
- **Salt.** Reduce daily salt consumption to 3,000 mg. Check package labels for “hidden” salts in prepared foods.

■ **Protein.** Reduce protein in your diet to around 12 percent of daily calories with low-fat meats, nuts, and beans.

Other diet ideas could fill volumes, and do. But for now, just be aware that what we eat affects the way our bodies work. And remember that the way our bodies work affects our feelings in a fundamental way.

Because the fact of the matter is that, to a great extent, we really *are* what we eat. And if what we eat is junk, what does that make *us*?

■ Your ‘Ideal’ Weight

Weight is a lot like weather: Everybody talks about it, but few of us ever really *do* anything about it.

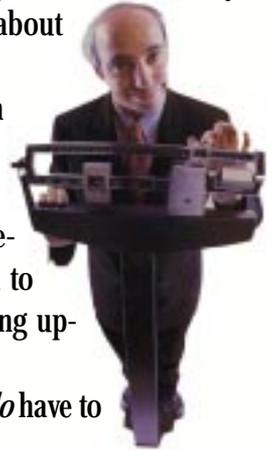
Weight changes are a basic fact of aging. As metabolism slows, our bodies need less food. At the same time, fat takes up more of total body weight, jumping from about 15 percent at age 20 to about 30 percent of what we weigh by age 70.

But even though fat is an increasing fact of life in our older years, it doesn’t mean we have to be overweight. And the list of problems linked to extra pounds—heart disease, high blood pressure, diabetes, backache, etc.—is proof enough that we need to take action when the bathroom scale starts creeping upward.

Losing weight doesn’t have to be hard. But you *do* have to work at it.

Start by asking your doctor about a sensible weight loss plan, particularly since your plan probably should include some exercise. Ignore fad diets or products that advertise instant weight loss, including non-prescription “appetite suppressants.”

Next, set a realistic goal, say, 10 pounds over the next 6-8 weeks. Then stick with it. It’s as simple—and every bit as complicated—as that.



■ Keeping Fit

Exercise and weight control go together like chickens and eggs. It's hard to have one without the other. And even if you're not interested in losing weight, regular exercise still has benefits. For one thing, it's the closest thing around to a fountain of youth.

A number of recent studies have shown that staying active actually prolongs life. Men in one study who walked at least nine miles a week were found to have lower mortality rates than more sedentary men.



In addition, regular exercise improves mood and strengthens lungs and circulation. Moderate exercise also lowers the risk of heart disease and high blood pressure and can ward off osteoporosis.

Again, talk to your doctor first. Pick an activity that's comfortable and start slowly. Stretch before you start and give your body a chance to cool down when you stop.

But exercise—even if you're confined to a bed or chair. Raising your arms or legs, relaxed sit-ups, or simply shifting your weight can help guard against blood clots and keep muscles stronger.

The funny thing about exercise is that staying active is at the heart of staying healthy. Do it faithfully and you can practically throw this booklet away—and most of your fears about aging along with it.

■ Managing Medicines

Wise use of medicines is an important part of any health plan. Older adults must take particular care, simply because they take more medicines than other age groups—nearly 30 percent of all prescriptions written each year.

And aging changes the way our bodies absorb and use medicines. Organs that break down drugs (such as the kidneys and liver) become less efficient with age, so many drugs affect older folks more than young people.

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Examples? Alcohol, nicotine, caffeine, penicillin and Valium are felt more strongly in older adults; anesthetics and hormones tend to be weaker.



Medication management starts with knowing what your doctor means when he or she prescribes pills or potions. Ask for exact instructions, then follow them exactly.

Write down any specifics you might forget later, but make sure you understand how, when, and why to take any prescription medications.

Then follow those instructions to the letter. Report any complications or adverse effects to your physician.

Can Retin-A Turn Back Time?

A fountain of youth in a bottle—or a tube? Not quite, but scientists have discovered what many of us consider the next best thing: A skin cream that can actually reverse the effects of aging on the skin.



Studies show that the cream, called Retin-A, can help undo what, until now, could never be undone. In tests so far, the drug has been shown to:

- boost collagen growth in middle skin layers, while thinning outer layers.
- increase blood flow—and blood vessel growth—in the face.
- helps protect against skin cancer.

Still, Retin-A isn't for everyone. It doesn't work on deep wrinkles and 9 out of 10 users report disagreeable side effects, including redness and irritation. Users must also avoid the sun and use sunscreen daily to gain the full benefits, which may not appear for 8-12 months.

Retin-A is only available by prescription, so contact your dermatologist for complete information on dosage and use.

■ Ups and Downs

Okay. The “golden years” turn out to be gold-plated at least part of the time. And every one of us occasionally suffers the silent agony of depression.

Even the liveliest older person can stumble under the strain of growing old. That shouldn't be surprising.

Because the fact is that growing older means confronting the problems that come with age: We grow away from family and friends—often even physically relocating to retirement communities where we have to develop new relationships for social interaction and support. We lose contact with old friends—or we lose them altogether. Our bodies change, and regret may curl beside us at night like a pet cat. Rising suicide rates among older adults highlight the sense of futility that marks many lives.

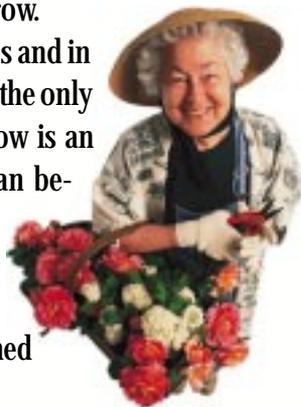
The truth is that our feelings, good and bad, are natural and serve an important purpose in teaching us and guiding us. And could we do it, we'd probably no more wipe away the bad times than turn back the tides or reorder the stars.

Still, no one enjoys feeling depressed. And that's fine, because the more we learn about depression the more we realize that we don't have to stay stuck there.

One key is to cultivate other activities and interests. An intriguing hobby or business, a new friend, or a part-time job may be your ticket to a happier today and a more interesting tomorrow.

The key is getting involved—in our own lives and in the lives of the people around us. That's because the only thing powerful enough to rid our lives of sorrow is an abiding love and concern for our fellow human beings.

Henry Fonda showed us one way in the movie, “On Golden Pond.” As a man increasingly frustrated at growing old, he restlessly searched



Our feelings, good and bad, are natural and serve an important purpose in teaching and guiding us.

the want ads every morning, looking for a job to restore the sense of purpose he'd lost in life.

Then, unexpectedly, purpose—and a fresh feeling of aliveness—showed up in the form of a prospective grandson. That's when Fonda's character discovered the eternal truth that the surest way to stop dwelling on our problems is to help someone else out with theirs.

The choice is simple, really, and fundamental. We either keep growing or we stop. We create new challenges for ourselves or we let our ability to rise to challenges fade away.

And when it vanishes, so do we.

6

Mind Over Matter

When asked about age late in his career, Muhammad Ali said only: “Aging is a matter of mind over matter. If you don’t mind, it don’t matter.” Then he went out and proved it by winning the world heavyweight championship three times.

Ali’s career is a testimonial to the power of determination in coming back against all odds. He never stopped fighting—and he still hasn’t, in spite of the important bout he faces every day in his fight against Parkinson’s disease. He’s still a champion, but so are many others.

We know them when we see them—people who never let life or age stop them, people who face each passing birthday with more vigor than the one before. People who are committed to wringing every drop of life and who stop only when they’ve used their portion.

Are these people special?

Of course they are. But they’re also exactly like you and me—simple people using the brains and bodies they were given to live their lives as best they can.

And the secret of their success is that they *do* live their lives, actively, consciously, and



with a firm grasp on the reins of their own health and well-being.

That's the ultimate secret to healthy aging.

Our doctors can't do it for us. Neither can spouses or friends or families. The job of staying alert and healthy and alive is ours. And a good thing, too, because no one is better qualified to take it on.

Like a sculptor shaping clay or an artist at an easel, we're never more ourselves—and never more fully alive—than we are when we're in charge of our lives and our health, consciously choosing our destiny from among the possibilities available to us.

Aging has done a lot of changing over the past few years, it's true. But of all the technical advances and breakthroughs that modern medicine has brought about, still nothing is as powerful as a single person taking responsibility for his or her own life.

And regardless of the changes that the future brings, nothing is ever likely to be.



7

Resources

In a booklet of this size, it isn't possible to do much more than skim the surface of a great many topics. If you need further information on any of the topics we've covered, make sure that you get it. Help is as close as a local public library or your own telephone.

■ For more information on specific health problems, contact any of the following groups and organizations.

Alzheimer's Association
70 E. Lake Street, Suite 600
Chicago, IL 60601
(800) 621-0379

American Cancer Society
1599 Clifton Rd., NE
Atlanta, GA 30329
(800) 227-2345

American Diabetes Association
1660 Duke Street (P. O. Box 25757)
Alexandria, VA 22314
(800) 232-3472

American Heart Association
7320 Greenville Avenue
Dallas, TX 75231

■ **For information on drug and alcohol problems, write or call:**

Do It Now Foundation
P.O. Box 27568
Tempe, AZ 85285
(480) 736-0599

National Council on Alcoholism
733 Third Ave.
New York, NY 10017

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20857

■ **For information on aging-related services, contact:**

American Association of Retired Persons
1909 K Street, N.W.
Washington, D.C. 20049

Gray Panthers
1424 16th St., NW, Suite #602
Washington, DC 20036

National Alliance of Senior Citizens
2525 Wilson Blvd.
Arlington, VA 22201