

# Aging SUCCESSFULLY



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## Special Report: Healthy Living Early Screening Saves Lives

Each of us has a great deal of control over our health. A health-management strategy, getting regular check-ups and following up on any medical conditions before they



become problems, is an important component to maintaining health.

### **The importance of screening and monitoring**

Traditionally, doctors have viewed “good health” as simply the absence of disease. As we grow older, however, good health takes on a broader definition. We can think of this as consisting of three related factors: (1) the absence of disease, (2) the maintenance of optimal function, and (3) the presence of an adequate support system.

This broader definition of good health places more emphasis on the quality of life. Even if we develop a chronic condition – and, as we grow older, we are more likely to – we can still lead enjoyable and productive lives.

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## Aging SUCCESSFULLY

It is with great pleasure that I introduce this special issue of *Aging Successfully* that focuses on Preventive Gerontology. Ag-

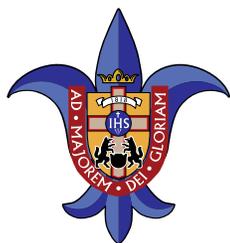


John E. Morley

ing successfully is dependent on the individual himself or herself. While health professionals can act as a guide through life’s journey, it is only through one’s own efforts that the best outcomes can be assured. This issue provides tools that all of us can use to age successfully.

Aging is 25% genes and 75% sweat. Preventive gerontology needs to begin as a child where adequate calcium, a good diet, and exercise build our basic bone and muscle mass that will stand

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SAINT LOUIS  
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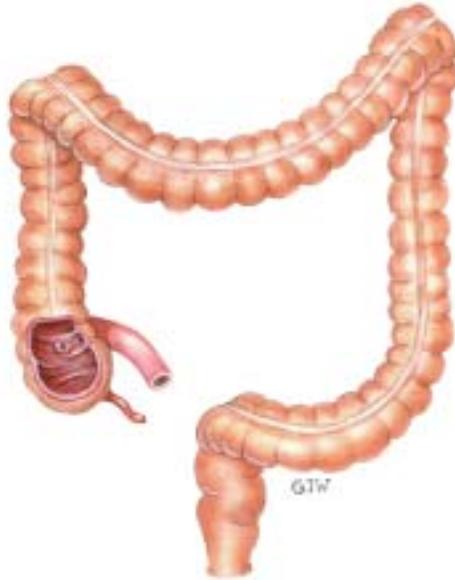


Saint Louis University Hospital



# Colorectal Cancer

Cancers of the colon and rectum are jointly referred to as colorectal cancer or colon cancer. Colorectal cancer is a leading cause of cancer deaths in the United States; every year approximately 140,000 new cases are di-



agnosed and 60,000 people die from it. The mortality rate increases significantly for each 5-year interval after age 60.

## Who is at risk?

Age is an important risk factor. The yearly incidence of colorectal cancer increases sevenfold between ages 50 and 70. This is thought to stem from several factors, among them the longer period of time that older adults have been exposed to carcinogens and the slowed healing and reduced ability of the body's immune system.

Family history is important. If a first-degree relative had colorectal cancer, your risk may be two to three times higher. A family history of other conditions, such as colon polyps (small growths), familial colonic polyposis (a condition in which numerous polyps dot the colon), or ulcerative colitis,

great deal of animal fat, consider changing your diet gradually to one that is lower in fat and higher in fiber.

## Screening for colorectal cancer

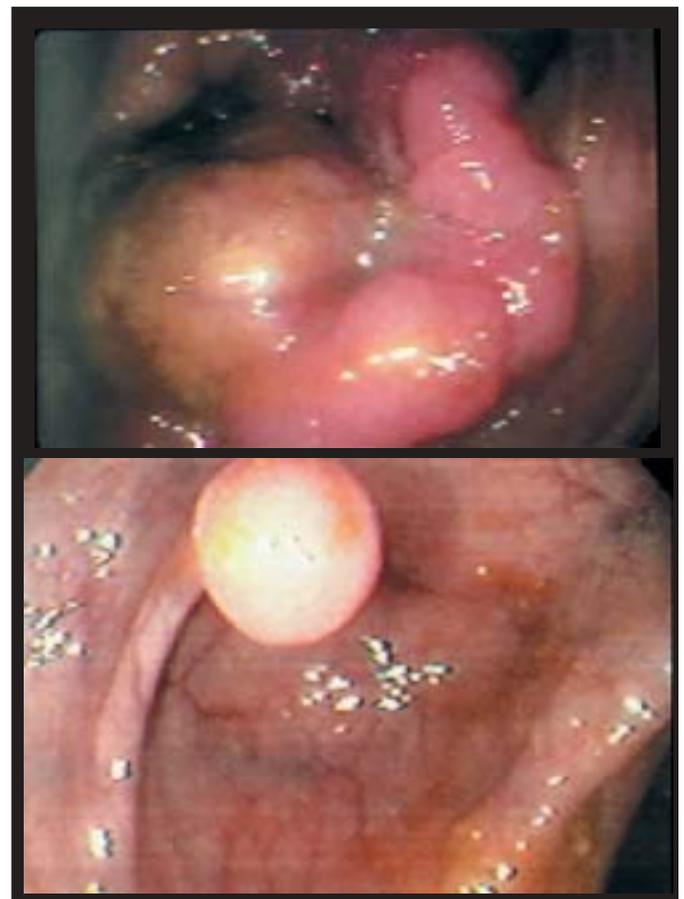
Only 10 percent or less of malignant tumors are found through digital rectal examinations. The most common tests to detect this condition are the fecal occult blood test and sigmoidoscopy.

can indicate an increased risk. Although the polyps themselves may not be malignant, if they are left untreated, they could lead to cancer.

Diet appears to play a role in colorectal cancer. If you eat a

## What are the Recommendations?

The frequency with which people should be screened for colorectal cancer has been debated. Generally, doctors recommend an initial (baseline) fecal occult blood test and sigmoidoscopy at age 50. People who have two or more first-degree relatives with colorectal cancer, or who have other risk factors, should undergo yearly fecal occult blood tests and sigmoidoscopies. For those who are deemed to be at low risk, periodic sigmoidoscopy is recommended, perhaps every 5 to 10 years. ■



*A sigmoidoscopy, which permits visual examination of the lower (sigmoid) colon, or a colonoscopy, which permits visualization of the entire colon, can help your doctor to screen for the presence of malignant colon tumors such as the mass in the top photo. The lower picture shows a colon polyp.*



# How Old Are You Really?

*“You can’t turn back the clock, but you can wind it back up!”*  
—Bonnie Prudden, American physical fitness proponent



We have all heard about an occasional individual who has attained a ripe old age in spite of poor health habits. However, this is rare. Our physiological age is influenced by how we live: by our personal history, by our lifestyle, and by our family social history.

WHAT IS YOUR PHYSIOLOGICAL AGE? Several factors that can increase or decrease that age by a half a year or more are listed in Table 1.

SO, HOW OLD ARE YOU REALLY? Do your lifestyle choices make you younger or older than your chronological age?

Here’s what to do to improve your PHYSIOLOGICAL AGE:

Even if your lifestyle is not perfect, do not despair. Several chronic conditions can be helped OR PREVENTED by a change in lifestyle in middle age (see Table 2 below).

**Table 1. Lifestyle choices that affect your chronological age**

Premature Aging Factors	How to Look and Feel Younger
<p><b>Twenty pounds over or under your ideal weight</b></p> 	<p><b>Get regular physicals and twice-yearly dental checkups</b></p> 
<p><b>Bacterial pneumonia more than three times</b></p>	<p><b>Maintain a positive attitude</b></p>
<p><b>Cholesterol over 220</b></p>	<p><b>Do not smoke</b></p> 
<p><b>Drive over 20,000 miles annually</b></p>	<p><b>Have a job you like</b></p>
<p><b>Unmarried and over 40</b></p>	<p><b>Exercise regularly</b></p>
<p> <b>Drink over four cups of coffee/tea/cola daily</b></p>	<p><b>Wear your seatbelt</b></p>
<p><b>Untreated depression</b></p>	<p><b>Eat nutritious foods</b></p> 

**Table 2: Preventing or improving common chronic conditions**

Disease	Prevention Strategies
Coronary artery disease & Stroke	Control high blood pressure. Quit smoking. Lose excess weight. Reduce intake of saturated fat and cholesterol. Increase aerobic exercise.
Cancer	Quit smoking. Reduce intake of dietary fat and salt- or smoke-cured food. Minimize sun and radiation exposure. Increase fiber in diet.
Chronic Obstructive Pulmonary Disease (COPD)	Quit smoking.
Diabetes mellitus	Lose excess weight. Follow a diet consistent with atherosclerosis prevention. Exercise regularly.
Gallstones (cholelithiasis)	Lose excess weight.
High blood pressure	Reduce sodium intake. Lose excess weight. Exercise regularly. Quit smoking.
Osteoarthritis	Lose excess weight. Exercise regularly.
Osteoporosis	Maintain adequate calcium intake. Exercise regularly. Quit smoking. Avoid excessive alcohol intake. Take estrogen at menopause.

# EXERCISE: The Fountain of Youth?

Lack of regular exercise is associated with obesity, heightened blood pressure and cholesterol levels, and a greater risk of diabetes, gallstones, osteoporosis, osteoarthritis, and heart disease (see table on page 5). In fact, many doctors believe that inactivity, not aging, is the real reason so many of us experience “inevitable” declines in energy in later years. The more active we are, the healthier we are.

## Getting Started

It is never too late to regain the physical fitness we have lost through inactivity. Regular exercise improves our aerobic capacity, coordination, balance and posture. Depending upon your age, medical history, and current level of activity, you should consider having a medical examination before starting an exercise program. This examination should include:

- a blood pressure check
- a pulse rate assessment
- and possibly a stress test.

A stress test may consist of walking on a treadmill or stepping onto and off a step. The American Heart Association recommends a stress test for all sedentary men over 45 and all sedentary women over 50.

Factors that make a medical examination advisable include:

- A history of heart problems, such as irregular heart beats, palpitations, angina, exercise-related chest pain, or a heart attack
- Hypertension (high blood pressure)
- Higher-than-average cholesterol levels
- Obesity
- Impaired kidney function
- Diabetes
- Joint, hip, or knee problem
- Visual problems
- Cigarette smoking
- A close relative who died from a heart attack before age 50
- Use of prescription drugs that may affect your tolerance for exercise.

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Many doctors believe that inactivity, not aging, is the real reason so many of us experience “inevitable” declines in energy in later years.

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## WARNING! WARNING!

When you exercise, pay attention to your body. If you feel faint, dizzy, or nauseated, or if you experience chest pain, your body is sending you a message. Don't ignore it. Stop and rest immediately. Report your symptoms to your doctor. The table on page 5 gives you warning signs to pay attention to and what you should do about them.



# Exercise Recommendations for People with Medical Conditions

Although exercise appears to benefit just about everyone, people with medical conditions should follow certain guidelines. Begin your exercise program slowly and gradually lengthen your workout or increase the number of repetitions as your ability improves. Never push yourself to the point where exercise hurts. If your joints feel sore an hour or more after you exercise, you have probably pushed too hard. Contact your doctor if you have any concerns. It may be wise to avoid exercising the same joints on a continuous daily basis. Some recommendations for four common conditions, exercise-induced angina, vascular disease, chronic obstructive pulmonary disease (COPD), and arthritis are listed in the table below. These are broad guidelines only. If you have a medical condition, be sure to consult your doctor before starting or increasing an exercise program.

## Guidelines for Exercising with Certain Diseases

<b>Exercise-Induced Angina</b>	Alternate vigorous exercise with slow walking, perhaps in intervals of 1 to 1 1/2 minutes each. If cold weather precipitates angina, try exercising indoors. If the problem is severe, try taking your medicine before exercising. Start your exercise program in a monitored setting, such as cardiac rehabilitation centers or physical therapy clinics.
<b>Vascular Disease</b>	Start with an intermittent schedule of exercise before moving to a more regular, progressive exercise schedule (this helps the body develop new vascular routes to carry blood to muscles). Dress warmly and keep your hands and feet warm.
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	Aerobic training is the best way to increase your capacity for physical exertion. Resistance exercises improve oxygen extraction by muscle. Exercise in late morning or afternoon, to give the lungs time to clear of mucus. Walking or stationary bicycle are good choices. Pay attention to humidity and pollution levels. On days with poor air quality, exercise indoors in a moist, warm environment. Start with several short exercise sessions, perhaps just 1 to 5 minutes each, and increase the duration gradually.
<b>Arthritis</b>	Aerobic bicycling and strength training may improve muscle strength, aerobic capacity, and overall ability to function. Water aerobics are particularly helpful. People with spinal osteoarthritis may be helped by performing exercises that tone the abdomen and extend the spine, but should avoid flexion exercises that increase pressure on the vertebrae and narrow the spinal canal.

## Warning Signs When Exercising and What To Do About Them

**Here are some common warning signs that may occur when one is exercising and what one should do when they occur.**

<b>Heart:</b> Chest pain or pain radiation down the left arm	Stop and rest. If this is the first time the pain has occurred, contact your doctor immediately. If you have angina, try one nitroglycerin tablet, placed under the tongue.
<b>Lungs:</b> Difficulty breathing	Rest. If breathing difficulty does not resolve, call your doctor. NOTE: In some older adults, breathing difficulty is the <b>only</b> sign of heart disease.
<b>Kidney:</b> Blood in urine	Rest. Contact your doctor if blood in urine persists.
<b>Bowels:</b> Diarrhea	Decrease the amount of exercise.
<b>Muscle:</b> Aching	Rest. Massage the affected muscles. Decrease the amount of exercise.
<b>Feet:</b> Blisters	Check footwear for proper fit and cushioning; wear thicker socks. Dress blister with adhesive bandage. If blistering persists or if you have diabetes, contact your doctor or a podiatrist.

# Blood Pressure

High blood pressure (hypertension) describes a condition in which your blood is traveling through your blood vessels at a pressure that is too high for good health.

## Who is at risk?

Age is a definite risk factor for hypertension; it is estimated that 64% of people aged 65 to 74 are affected. Race is another factor; older blacks have an even higher incidence of hypertension than whites of comparable ages. Other risk factors include obesity, diabetes mellitus, and a family history of high blood pressure.

## Screening for High Blood Pressure

Blood pressure can be easily

and quickly evaluated using a sphygmomanometer (a cuff and pressure gauge), which is placed around the upper arm. Automated sphygmomanometers are available to simplify the procedure.

Many pharmacies also have automated blood pressure screening devices available for free use.



## Recommendations

Doctors recommend that every adult be screened yearly for hypertension, especially given the ease and inexpensive nature of the test. It is possible to buy a sphygmomanometer to measure your blood pressure at home, however, you should consult your doctor before doing so to ensure that you understand how to use the equipment to obtain an accurate reading. ■

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## Aging SUCCESSFULLY

(continued from page 1)

us in good stead as we age. As we age, avoiding smoking and living life in moderation, maintaining an active mind and exercise schedule, and developing our spiritual persona will all help to prepare us for the last third of life's journey.

As we enter our third age, we need to take control of our life. Besides exercising and maintaining weight, we need to explore new activities to exercise our mind. We need to be screened for easily treatable diseases such as high blood pressure, osteoporosis, breast and colon cancer, and depression. We



need to make sure our vaccinations are up to date. We need to question the need for medicines our doctor prescribes us. We need to know why we have pain and have it properly treated. We need to learn how to obtain knowledge about our health problems and to present it to our doctor. Overall, we need to glory in our life, not despair at the Jobian trials we face, and continue to make new friends and find new challenges. We need to continue to grow spiritually as we grow closer to the end of life's

*"I can't give you a recipe to live long. Life is how you live, how you sleep, how you eat, how you drink, how you work - life is what you are."*

- Dora Zina, age 104

journey. The adage for aging successfully is: "To cure is fine. To prevent is divine."

My special thanks goes to the Saint Louis University Hospital Auxiliary and Tenet for seeing the need for the information in this issue and for providing funding toward its publication.

It is hoped that you will find this issue of *Aging Successfully* an excellent road map to developing your own program for aging successfully. As succinctly stated by Antonio Artand: "The human body dies only because we have forgotten how to transform it and change it." ■

# Breast cancer

In the United States, about 44,000 women die each year from breast cancer. The incidence of the disease and its mortality rate rise markedly between ages 65 and 85; 45 percent of all new cases are diagnosed in women over age 65. Most breast cancers are located in the upper, outer quadrant of the breast. Other common areas are under the nipple; in the upper, inner quadrant; and in the lower, inner quadrant.

The death rate from breast cancer among older women has risen over the past 20 years, despite the availability of screening tools that can often identify the disease before it has reached an advanced stage. The increasing death rate from this cancer may be due to environmental factors or to inadequate screening.

## Who is at risk?

Age is a risk factor, because the incidence of breast cancer rises after age 65. Women are at higher risk if a family member, - mother, grandmother, aunt, or sister - developed breast cancer. This is especially true if the family member developed the disease while young or had it in both breasts.

Women who have never had children, or who did not have children until after age 35, also are at an increased risk for developing this disease.

Other risk factors include early onset of menstruation (menarche) and late menopause. Obese women are more likely to develop breast cancer than women who are able to maintain their weight.

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## Steps in Breast Self-Examination



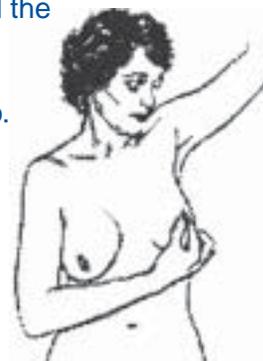
- Inspect your breasts while standing in front of a mirror, first with your hands on your hips, then with your arms behind your head. Is the skin on your breasts puckered or dimpled? Is there any change in the shape of the nipples?

- Place your right hand behind your head and examine your right breast with your left hand. (You may find this easier to do in the shower, with your breasts wet and soapy). Holding your hand flat with the fingertips pressed together, rub the breast in a small circular motion to feel for any lumps. Start at the top of the breast and move slowly clockwise until you have checked the entire breast, including under the



nipple. Include your armpit and the area that extends from your armpit to the breast, because lumps can form in this area too. Finish by squeezing the nipple to check for any discharge.

- Repeat the above step with your left arm behind your head and your right hand on your left breast.
- In addition, examine each



breast while you are lying on your back. To check your left breast, place your left hand under your head; to check your right breast, place your right hand under your head.

If you normally have lumps or cysts in your breasts, note where they are. Check them regularly to identify any changes.

# Prostate Cancer

## What is it?

Cancer of the prostate gland is the second-most common type of cancer in men (after skin cancer) and the second leading cause of male deaths. Each year approximately 165,000 new cases are diagnosed in the United States and more than 35,000 men die. For any American male, the lifetime risk of developing prostate cancer is about 10 percent.

Prostate cancer is much more common in older men; studies reveal a 40-fold increase in its prevalence between ages 50 and 85. With increasing life expectancy, and the overall shift toward an older American population, prostate cancer is likely to become even more common.

## Who is at risk?

Age is the most important risk factor. In the United States, fewer than 1 percent of prostate cancers are found in men younger than 50; 16 percent appear in men aged 50 to 64; and the other 83 percent are found in men 64 and older.

Family history also plays a role; prostate cancer is twice as likely to appear in men who had one first-degree relative with the disease. If two or three first-degree relatives had it, the risks rise to 5 to 11 times higher, respectively.

For unknown reasons, black men have a 50 percent greater risk of developing prostate cancer than white men do.

## Screening for prostate cancer

There are three main methods of screening for prostate cancer: digital rectal examination (DRE), prostate-specific antigen (PSA), and transrectal ultrasonography (TRUS).

### Digital Rectal Examination (DRE)

DRE is the traditional method for evaluating the prostate gland. The doctor feels the gland to judge its size, symmetry, and consistency, and to see if there are any nodules. DRE is relatively simple, low-cost, and has no adverse side effects for the individual. However, it is by its nature subjective, and its success can depend on the carefulness and experience of the examiner.

### Prostate-Specific Antigen (PSA)

PSA is an enzyme produced by the prostate gland. Blood levels of PSA may rise measurably when cancer is present in the prostate. However, they may also rise in response to other, noncancerous conditions such as benign prostatic hypertrophy (a condition in which noncancerous prostate cells multiply). If PSA levels are markedly elevated (above 10.0 nanograms [ng]/ml), there is a 92 percent chance that they reflect the presence of prostate cancer. PSA levels that are only moderately elevated (4.1 to 10.0 ng/ml) are more difficult to interpret, as they may reflect benign prostatic hypertrophy, a condition that is very

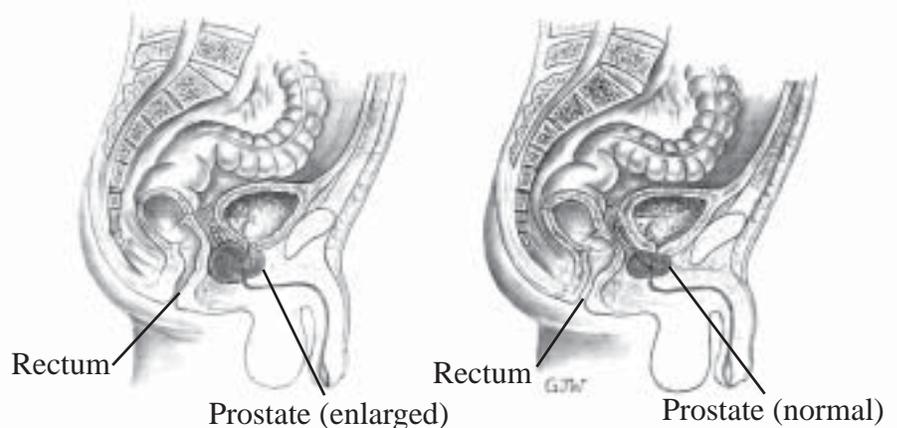
common in older men. This makes the PSA test less useful as a screening test for older men. Free PSA testing may be helpful in some men with slightly elevated PSA levels. In many cases, observing the rate of change of PSA levels is more useful than an absolute level.

### Transrectal Ultrasonography (TRUS)

Studies have shown that TRUS can detect some prostate cancers that were not detected by DRE. However, TRUS has an accuracy rate of only 30 percent, meaning that 70 percent of the nodules it pinpoints are benign rather than cancerous. This, plus its high cost, make it a poor choice for routine screening. (It would cost several billion dollars each year to perform TRUS on all American men over 50.)

## Recommendations

The utility of screening for prostate cancer is uncertain at present, particularly in men over 75 years of age and men under 50 years. It is worthwhile discussing with your physician whether or not you should be screened. ■



*Enlargement of the prostate in benign prostatic hypertrophy*

# Skin cancer

## What is it?

Skin cancer is one of the most common types of cancer. Each year, approximately 600,000 new cases are diagnosed and about 8,500 deaths occur. Like other types of cancer, skin cancers become more common as we grow older. They are much more visible than other cancers, however, which makes it easier to detect these lesions and treat them successfully.

The term *skin cancer* actually includes several types of cancers. The three most common are basal cell cancer, squamous cell cancer, and malignant melanoma. Fortunately, most cancers are of the basal cell variety and are easy to cure if detected early.

## Who is at risk?

Exposure to sunlight is the biggest risk factor. More than

90 percent of all skin cancers are found on areas of the body that have been exposed to sunlight regularly (ears, face, neck, hands, arms). People who have spent a great deal of time outdoors, either for work or recreation, should watch for signs of skin cancer. Fair-skinned whites with blond or red hair are especially at risk, because they are the most vulnerable to skin damage from ultraviolet rays. Other risk factors include chemical pollution, X-rays, and exposure to inorganic arsenics, which were used in medical treatment of parasitic infections before 1978 and are still found in some herbicides. Sometimes melanoma can develop from a mole. This ten-

dency appears to be hereditary.

## Screening for skin cancer

The best screening test for any type of skin cancer – a thorough skin inspection by your doctor – is painless, easy, and part of a regular medical check-

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**More than 90 percent of all skin cancers are found on areas of the body that have been exposed to sunlight regularly.**

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up. Additionally, you can conduct your own screening between doctor appointments. Watch for any unusual nodules, lesions, or patches anywhere on your skin; any changes in a mole; or any sores that do not heal. If you notice any of these conditions, be sure to consult your physician.

## Recommendations

The American Cancer Society recommends that all adults undergo a skin inspection annually. Sunblock should be used whenever you are in the sun. ■



*Basal cell carcinoma, one of the most common types of skin cancer*

# WHAT IS A HEALTHY WEIGHT?

The influence of weight on longevity has been well studied. In human beings, a modest weight gain throughout life may be healthy. Researchers at the Gerontology Research Center of the National Institutes of Health have developed a table (see below) that provides an age-appropriate guide to recommended weight based on height. This table allows for a moderate weight gain of about 10 pounds per decade. The table does not differentiate between men and women or among people of different builds. Therefore, an individual's "ideal" weight may fall somewhere in the range

given, depending upon the size of your skeleton and the amount of muscle you have.

## Body Mass Index

Other doctors feel that a better way to determine ideal weight is to measure body mass index or BMI. Several studies have shown that BMI, like body weight, seems to follow a U-

You can calculate your Body Mass Index (BMI) using the following equation: Take your weight in pounds and divide by 2.2 to get your weight in kilograms. Take your height in inches and multiply by 0.0254 to get your height in meters. To find your BMI, take your weight in kilograms divided by the square of your height in meters (wt/ht<sup>2</sup>). Thus, if you weigh 75 kg (165 pounds) and you are 1.75 meters tall (5'9"), your BMI would be:

$$75 / 1.75^2 = 75 / 3.06 = 24.5$$

Healthy older adults usually have a BMI between 24 and 27. Visit [www.kcnet.com/~marc/bmi.html](http://www.kcnet.com/~marc/bmi.html) online to have your BMI calculated for you.

shaped curve for mortality; that is, both very low and very high BMIs appear to be more risky. Furthermore, there appears to be a slight rise in the "healthiest" BMI range as people age, from an average of 21.4 at ages 20-29 to an average of 26.6 at ages 60 to 69.

## Self-Evaluation: What is your Body Mass Index?

No one is advocating that you become overweight. Obesity carries definite risks, including heart disease, diabetes mellitus, high blood pressure, and gallbladder disease, to name just a few. If you are 20 percent or more overweight, talk with your doctor about what you can do to lose the excess weight.

## Distribution of body fat.

It is important to measure not just whether someone is overweight, but also where he or she is overweight. There are 2 types of obesity: Central (abdominal) obesity and peripheral (lower body) obesity. In central obesity, the excess fat tissue is concentrated in the abdominal, neck, shoulder, and arm

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## Age-Specific Weight Recommendations For Men and Women, Aged 30-69 Years\*

Height (ft/in)	30-39 years	40-49 years	50-59 years	60-69 years
4'10"	92-119	99-127	107-135	115-142
4'11"	95-123	103-131	111-139	119-147
5' 0"	98-127	106-135	114-143	123-152
5' 1"	101-131	110-140	118-148	127-157
5' 2"	105-136	113-144	122-153	131-163
5' 3"	108-140	117-149	126-158	135-168
5' 4"	112-145	121-154	130-163	140-173
5' 5"	115-149	125-159	134-168	144-179
5' 6"	119-154	129-164	138-174	148-184
5' 7"	122-159	133-169	143-179	153-190
5' 8"	126-163	137-174	147-184	158-196
5' 9"	130-168	141-179	151-190	162-201
5'10"	134-173	145-184	156-195	167-207
5'11"	137-178	149-190	160-201	172-213
6' 0"	141-183	153-195	165-207	177-219
6' 1"	145-188	157-200	169-213	182-225
6' 2"	149-194	162-206	174-219	187-232
6' 3"	153-199	166-212	179-225	192-238
6' 4"	157-205	171-218	184-231	197-244

\* Values in this table are for height without shoes and weight without clothes.

# Eating Nutritiously

Nutritional needs vary according to age, gender, body composition and size, activity level, health and genetic predisposition to various medical conditions and problems. Poor nutrition can lead to nutritional deficiency diseases, such as anemia, and make us more vulnerable to illness and complications from illness. Good nutrition, on the other hand, can lower our risk for heart disease, cancer, diabetes, osteoporosis, and a number of other conditions. It can also help us do a better job of controlling any health conditions we may have.

As we grow older, our percentage of lean body mass decreases and our amount of body fat increases. As a result, the number of calories we need to consume decreases. In addition, our requirements for proteins, carbohydrates, fats and other nutrients change over time. The presence of chronic disease may also affect the type of food we can and cannot eat. Fi-

nally, the drugs we take may interfere with our bodies' ability to absorb certain nutrients. All of this affects our nutritional health.

## HOW GOOD IS YOUR NUTRITION?

Are you at risk for developing health problems caused by poor nutrition? Look at the 9 questions below.

If you say yes to 3 or more items you are at risk. The risk is moderate for a score of 3-5, and you should try to improve your nutrition health and lifestyle. For a score of 6 or more, you are at high nutritional risk and should see a doctor, dietitian, or other qualified health provider for assistance in improving your nutritional health.

A diet with fewer than 1,200 calories per day is probably not sufficient to meet all of our nutritional needs. Therefore, some nutrients are available as supplements. For example,

postmenopausal women require 1,500 milligrams of calcium daily. This quantity of calcium is difficult to acquire through food sources alone, so calcium supplementation is encouraged. Of course, it is possible to have too much of a good thing. You can overdose on fat-soluble vitamins, (vitamin A, D, E, and K) as you grow older. You are less likely to overdose on water-soluble vitamins (C and B-complex vitamins) but it is possible, especially with vitamins C and B<sub>3</sub>. ■



### Are You at Nutritional Risk?

Do you have an illness or condition that has changed the kind and/or amount of food you eat?

Do you eat only one meal per day?

Does your diet have few fruits, vegetables, and milk products?

Do you have 3 or more drinks of alcohol almost every day?

Do you have dental problems that make it hard to eat?

Do you sometimes not have enough money to buy the food you need?

Do you eat alone most of the time?

Do you take 3 or more medications each day?

Have you unintentionally lost or gained 10 pounds in the last month?

### Dietary Reference Intakes for Vitamins in Persons Over Age 70

Vitamin	RDA*	AI*	TUL*
Thiamine (mg/d)	1.3 (males) 1.1 (females)	-	-
Riboflavin (mg/d)	1.3 (males) 1.1 (females)	-	-
Niacin (mg/d)	16 (males) 14 (females)	-	35 <sup>†</sup>
Vitamin B <sub>6</sub> (mg/d)	1.7 (males) 1.5 (females)	-	-
Folate (mg/d)	400	-	1000 <sup>†</sup>
Vitamin B <sub>12</sub> (µg/d)	2.4	-	-
Pantothenic Acid (mg/d)	-	5	-
Biotin (µg/d)	-	30	-
Vitamin D <sup>‡</sup> (µg/d)	-	15	50

\* RDA = Recommended Dietary Allowance which is the average daily dietary intake level sufficient to meet the nutrient requirement of 97 to 98% of healthy individuals. AI = Adequate Intake is a proxy for the RDA when insufficient evidence is available to determine the RDA.

TUL = Tolerable Upper Intake Level which is the highest safe intake level for almost all of the population.

<sup>†</sup> Applies only to supplements or forms obtained from fortified foods.

<sup>‡</sup> 30 to 50% of older persons malabsorb food-bound vitamin B<sub>12</sub> and thus should meet the RDA by eating food fortified with vitamin B<sub>12</sub> or by utilizing supplements.



### **Prior to birth**

**1. Choose long-lived parents**



**2. Have your mother get regular check-ups during pregnancy**

**3. Have your mother not smoke or drink alcohol**

**4. Have your mother take prenatal vitamins including folate**



### **0-20 years**

**1. Exercise regularly**



**2. Avoid obesity**

**3. Ingest adequate calcium**



**4. Eat nutritious foods**

**5. Wear your seatbelt**



**6. Do not smoke or drink**

**7. Get your vaccinations**

**8. Avoid violence and illicit drugs**



### **20-40 years**

**1. Exercise regularly**



**2. Avoid obesity**

**3. Ingest adequate calcium**

**4. Eat fish**

**5. Wear your seatbelt**



**6. Drink in moderation and do not smoke**



**7. Drive at a safe speed**

**8. Avoid violence and illicit drugs**

**9. Monthly breast self-exams (females)**



# Successfully Aging Over the Lifespan



## 40-60 years



1. Exercise regularly
2. Avoid obesity

3. Ingest adequate calcium and vitamin D

4. Eat fish



5. Wear your seatbelt

6. Drink in moderation and do not smoke



7. Have your blood pressure checked

8. Get your cholesterol and glucose checked



9. Screen for breast and colon cancer, high blood pressure, and diabetes

10. Pap smears (females)

11. Have regular mental activity and socialize!

12. Avoid taking too many medicines

13. Consider hormone replacement (men)



## 60-80 years

1. Exercise regularly, including balance and resistance exercises

2. Avoid weight loss

3. Ingest adequate calcium and vitamin D



4. Eat fish

5. Wear your seatbelt

6. Drink in moderation and do not smoke

7. Screen for breast and colon cancer, high blood pressure, osteoporosis, and diabetes



8. Get your cholesterol checked

9. Have flu and pneumococcal vaccinations

10. Pap smears (females)

11. Have regular mental activity and socialize!

12. Avoid taking too many medicines



## 80+ years

1. Exercise regularly, including balance and resistance exercises

2. Avoid weight loss

3. Ingest adequate calcium and vitamin D

4. Be screened for osteoporosis

5. Wear your seatbelt

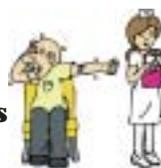


6. Drink in moderation and do not smoke

7. Have your blood pressure checked

8. Monthly breast self-exams (females)

9. Have flu and pneumococcal vaccinations



10. Safety-proof your home to prevent falls. If you are unsteady, use a cane and consider hip protectors

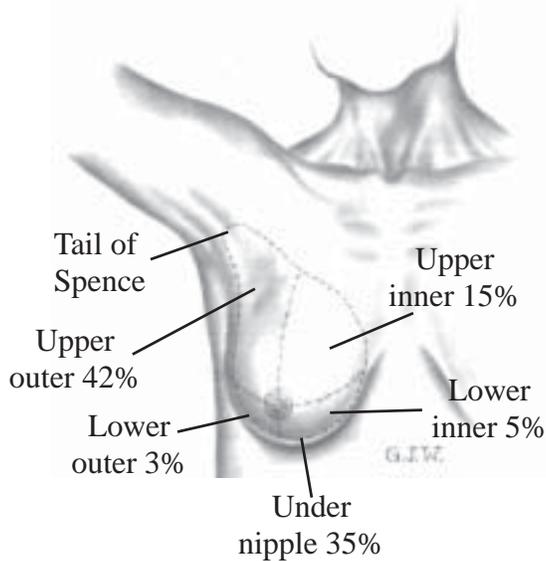
11. Have regular mental activity. Socialize, and avoid being depressed

12. Avoid taking too many medicines



13. Keep doing what you are doing. Remember, most of your physicians won't reach your age!

# Breast Cancer *(continued from page 7)*



*Areas of the breast where cancer is most likely to occur*

Some doctors believe that a high-fat, low-fiber diet may contribute to the disease.

If you have already had cancer in one breast, there is a greater chance that it will develop in the other.

## Screening tools for breast cancer

There are three main screening tests for breast cancer: breast self-examination (BSE), examination by a doctor, and mammography.

### Breast self-examination (BSE)

By examining her breasts monthly, a woman becomes familiar with their normal shape and consistency, as well as the location of pre-existing benign lumps, cysts, and glandular tissue. Although monthly BSE may seem tedious, it is probably the best way to detect cancer in its treatable early stage in between your annual or biannual mammograms.



### Examination by a doctor

During a medical examination, your doctor will probably examine your breasts following steps similar to those in the breast self-examination.

### Mammography

Mammography involves taking X-rays

of the breasts. A mammogram can identify cancerous tumors when they are still too small to be detected by manual examination.

## Recommendations

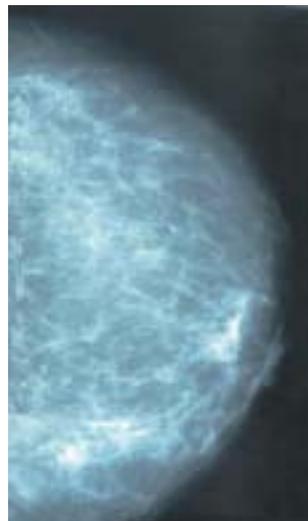
Doctors recommend a combination of all three screening tests as follows:

- Every woman over the age of 20 should examine her breasts once a month. Premenopausal women should check their breasts roughly one week after each period ends, because at this time, the breasts are least likely to be swollen or tender.

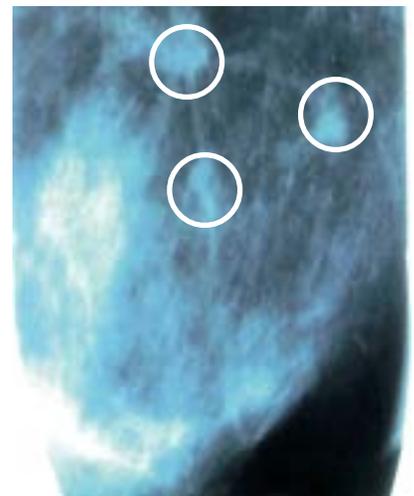
- All women should have their breasts examined by their doctors once a year.

- Women aged 40 to 50, who are not at risk for breast cancer, should have a mammogram every two to three years; women aged 40 to 50 who are at risk may wish to have annual mammograms. Women over 50 should have a mammogram every one to two years; those who are at risk should have one annually. ■

**If you have already had cancer in one breast, there is a greater chance that it will develop in the other.**



*Mammogram shows normal breast tissue*



*Breast with 3 small lesions (circled) detected by mammography*

# Polypharmacy

## What is it?

Polypharmacy – the prescription, administration, or use of more medications than are necessary.

If not controlled, polypharmacy can lead to a vicious cycle of over-prescribing medications or prescribing multiple drugs to address the same problem or to counteract “symptoms” that are actually caused by drug interactions.

Another good reason to review your medications periodically is the possibility of side effects and drug interactions. Older adults are more likely to experience adverse reactions to drugs because they tend to have more chronic medical conditions. Moreover, age-related changes in the liver and kidneys can alter the rate at which our bodies process and eliminate medications. This means that a dosage that would be safe for a 25-year-old might be too much for a 65-year-old. It is possible to experience drug interactions even if you are taking only two drugs at the same time.

## Who is at risk?

Anyone who takes any medication, even an over-the-counter drug, is at risk for drug side effects. Drugs often associated with adverse reactions in older adults include psychotropic (mind-altering) drugs, especially benzodiazepines such as chlorthalidone or diazepam (brand names: Librium, Valium); antihypertensive medications including diuretics; digoxin; nonsteroidal anti-inflammatory agents, such as aspirin and ibuprofen (brand names: Advil, Motrin); systemic steroids such as prednisone; theophylline; and warfarin.

## Screening for medication problems

The best way to screen for medication-related problems is to keep your doctor fully informed of all prescription and over-the-counter drugs that you take. If you drink alcohol (even in moderation), or use any other type of drug, be sure to let your doctor know.

## Recommendations

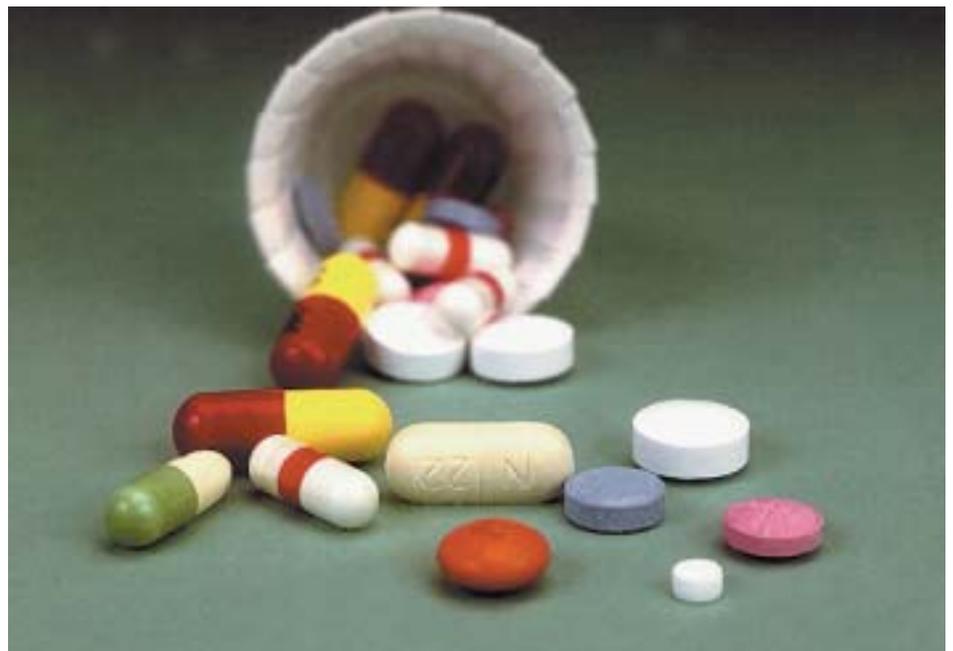
If possible, choose one primary care doctor and coordinate all medical services and prescriptions through that person. This will reduce your risk of taking any prescriptions your doctor is unaware of. If you must see more than one doctor, take a complete list of your medications – or, if possible, take the medications themselves – to each doctor. In addition to reviewing *what* you take, examine *how much*. Are you following your doctors’ instructions? Do you sometimes take more or less of a

particular drug than recommended? Over time, your body’s responses to a drug may change. Perhaps you are taking the same amount you always have, but now this amount feels like too much or too little. Inform your doctor of any changes as you become aware of them.

When you buy medications, ask your pharmacist to review them and inform you of possible side effects and interactions with other drugs you may be taking. If you are taking more than ten medications, ask your doctor to thoroughly review the drugs you are taking to see if they are all necessary.

## Medication review

It is important to review your medications on a regular basis. Be sure that every doctor who prescribes a drug for you is aware of all medications that you already use. This includes both prescription and over-the-counter drugs. Periodic medication review is vital to your good health. ■



# Osteoporosis

## What is it?

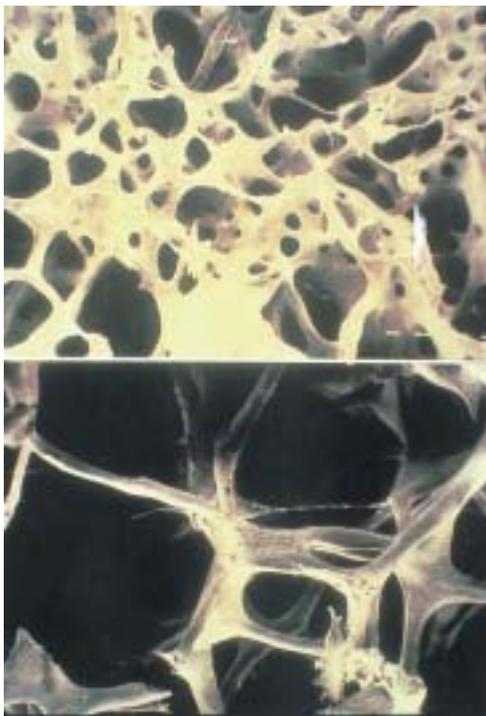
A chronic condition in which bones gradually lose their calcium supply and become porous and brittle.

Loss of estrogen at the time of menopause is the most common cause of osteoporosis. Over time, osteoporosis causes the skeleton to become weaker, and bone fracture can occur and recur from seemingly minor impacts. Repeated compression fractures may affect the vertebrae of the spine, leading to stooped posture and backaches. Because bone loss occurs over many years, those affected may only become aware of the condition when postural changes are well advanced. Osteoporosis may also lead to hip fractures.

## Who is at risk?

Women are at greater risk for osteoporosis than men, perhaps because men's skeletons contain a larger reserve of bone minerals.

Normal bone  
(top)  
contrasted  
with altered  
bone  
structure in  
osteoporosis  
(bottom)



The best prevention is to maintain an appropriate intake of calcium and engage in regular

phy (CT) scanning, and ultrasound.

If you have already suffered a bone fracture or other symptoms of



*This patient is having a DEXA scan. He is awake, alert, and only needs to hold still for this screening.*

weight-bearing exercise. Postmenopausal women can also benefit from estrogen replacement therapy.

## Screening

Measurements of bone density have been developed in recent years that can help identify people with significant bone loss, as well as those who are at risk of significant changes as they grow older. These tests include single-photon absorptiometry (SPA), dual-photon absorptiometry (DPA), dual-energy X-ray absorptiometry (DEXA), computed tomogra-

osteoporosis, an X-ray can reveal whether your bones are less dense than normal. Your doctor will want to test samples of your blood and urine, and possibly do a bone biopsy, to rule out any underlying disorders that might be causing the osteoporosis.

## How can osteoporosis be treated?

If your osteoporosis results from an underlying health condition, your doctor will treat that disorder as well. Strategies for treating osteoporosis are similar to those for preventing it. They include a regular program of moderate, weight-bearing exercise, adequate calcium intake, medications, and estrogen-replacement therapy.

*(continued on page 18)*



## Weight *(continued from page 10)*

areas. In peripheral obesity, the extra weight tends to be in hips, thighs, and buttocks. Of the two types, central obesity appears to be more dangerous. It is associated with greater incidence of heart disease, arteriosclerosis, high blood pressure, high cholesterol levels, and problems with glucose tolerance.

Some doctors therefore recommend that, in addition to measuring your weight and body mass index, you should also be aware of your waist/hip ratio. Obesity appears to be most risky for men whose waist/hip ratio is greater than 1.0 and for women whose waist/hip ratio is greater than 0.85. ■

### **Thank You, SLU Hospital Auxiliary**

This special issue of *Aging Successfully* is funded by a Grand Vision Grant from the Saint Louis University Hospital (SLUH) Auxiliary. The SLUH Auxiliary is a not-for-profit organization financed by fundraising efforts. The Grand Vision Grant Initiative funds projects that support the Auxiliary's mission, which is "to promote and advance the welfare of patients, their families, and the community served by Saint Louis University Hospital." Should you wish to join the Auxiliary or to learn more about the organization, their office is located on the first floor, Desloge Towers. The phone number is 314-577-8030. Please join us in thanking the SLUH Auxiliary for making this issue possible.

## Early Screening *(continued from page 1)*

Screening and monitoring are important keys to maintaining your quality of life. They can alert your doctor to a condition before it becomes serious. If either screening or monitoring raises any questions about your health, further testing is

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**Keep in mind that for some conditions, authorities differ about when - and how often - screening should be performed.**

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indicated. If you do develop a medical condition, follow-up becomes vital; monitor your condition regularly. Follow your doctor's instructions regarding diet, exercise, and medications. Report any symptoms or side effects. If you have questions about something, ask. Remember, it's your health!

### **What makes a good screening test?**

Doctors recommend screening when the condition that is being screened could have a significant impact on a person's health and acceptable, effective treatments for the condition are available. Screening is especially useful for conditions that are asymptomatic (show no symptoms) for a period of time and have a better chance of being cured if discovered at an early phase. A good screening test can distinguish reliably between actual cases and "noncases" of a disease, resulting in fewer so-called "false-positive" results.

### **What do you need to screen and how often?**

The answer to this question depends on you – your genetic makeup, family history, personal habits, and lifestyle. Ideally, perhaps, we would all be screened for all possible diseases. However, this would be highly

impractical, time-consuming, and costly. Some screening tests are widely available, but others are available only at specialized medical centers. Some tests are relatively simple, minimally discomforting, and inexpensive; others are complex, uncom-

fortable, and very costly. Furthermore, each of us is at greater risk for developing some conditions and at less risk for others. Thus,

if you are unlikely to contract a certain disorder, you may decide it is not worthwhile to screen for it.

In these pages, we present the most current information about factors that may put you at risk for various conditions and screening procedures that may help to identify these conditions. But remember, every person's situation is unique. Ultimately, it is up to you and your doctor to decide for which conditions you should be screened and how often. ■

## **KNOW YOUR TERMS**

### **Screening**

**A preliminary test or examination performed to detect characteristic signs of certain disorders**

### **Monitoring**

**Observing a function of the body periodically over time to keep track of changes, typically a function that is being treated or is at risk of deterioration**



## Osteoporosis *(continued from page 16)*

### Moderate exercise

Most doctors advise people with osteoporosis to begin a program of regular, moderate, weight-bearing exercise, if they do not already exercise regularly. Weight-bearing exercises, such as walking or aerobics, strengthen bone and seem to increase the process of bone formation. Consult your doctor about the best type of exercise program for your needs.

### Adequate calcium intake

Women in the United States consume an average of 500 milligrams of calcium per day – less than half the recommended daily allowance! Adequate calcium intake from childhood through the mid-30's is crucial to the development of a strong skeleton. Researchers are less sure whether adding calcium to the diet after menopause can prevent bone loss; however, bone mass in some people does seem to stabilize when calcium intake increases. Research also shows that people who consume large amounts of calcium experience fewer hip fractures. Thus, most doctors recommend that women consume between 1,000 to 1,500 milligrams of calcium per day. It is also important to get enough vita-

min D, which helps the body absorb calcium. This is particularly important for both men and women over age 70.

### Medications

Drugs for treating osteoporosis include calcitonin, alendronate, raloxifene, and risendronate. Calcitonin, a hormone produced by the parathyroid gland, is administered by nasal spray. These drugs appear to work by decreasing bone breakdown. Alendronate can be taken as a single 70 mg dose once a week and has been shown to prevent hip fractures.

### Estrogen replacement therapy

Estrogen hormones can help prevent the bone loss associated with menopause. However, estrogen replacement therapy may carry an increased risk of cancer. Research is underway to better assess the extent of this risk. Even now, however, physicians would not recommend estrogen therapy to the vast majority of women with histories of breast cancer. Raloxifene is a selective estrogen receptor modulator

(SERM) that has the same effects as estrogen on bone, but does not affect the uterus or breast. ■



*In white women, bone mass starts to decrease in the femur in the mid-20s, then the spine (mid- to late 30s), then the arms (40s). After menopause, the rate at which bone is lost increases in response to a drop in levels of the hormone estrogen. The most visible sign of this bone loss is a gradual shortening in overall height with age.*

## The Science of Geriatrics is Now Available

This new book, edited by John E. Morley, M.B., B.Ch., H.J. Armbricht, Ph.D., R.M. Coe, Ph.D., and B. Vellas, M.D., Ph.D., was just published, and covers the interface between the basic scientific knowledge of aging and clinical geriatrics. The two-volume set has 55 chapters containing a wealth of information on topics such as:

- Gender and Longevity
- Effect of Vitamin E on Infection and Immunity
- Drug Metabolism in Older Persons
- Male Sexual Function and Aging

The 2-volume set is published by Serdi, France and Springer Publishing, New York.



# Gynecological Cancers

Certain types of cancer can affect women's reproductive systems. These include cancers of the cervix, uterus and endometrium, ovaries, and vagina or vulva.

## Cancer of the Cervix What is it?

About 13,000 cases of cervical cancer are diagnosed each year in the United States, and roughly 7,000 women die from this cancer annually. Although these figures are low compared to some other cancers, it is still vital to screen for cervical cancer. Characteristically, the disease may be present for a long time without spreading to other organs. If it is caught early, the woman has a much greater chance of survival. Furthermore, a relatively simple test, the Papanicolaou smear test ("Pap smear"), is readily available and easy to perform.

## Who is at risk?

Those most at risk include women between the ages of 30 and 55. However, if you have never had a Pap smear, you should definitely have one done. Some doctors may be reluctant to suggest a Pap smear because they believe that women are uncomfortable with the idea. Go ahead and ask for the procedure.

Other risk factors for cervical cancer include:

- Race. Black, Latino, and Native American women are twice as likely as white women to contract cervical cancer. Asian women appear to have a risk similar to that

of white women.

- Early age (18 or younger) of first sexual intercourse.

- Numerous sex partners. Women who have had more than one partner have two to three times the risk of those who have had only one partner.

- A history of venereal disease or herpes.

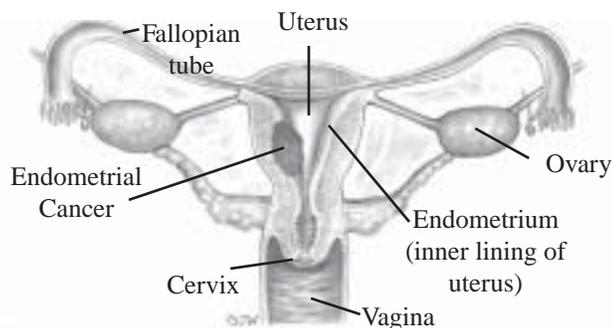
- Cigarette smoking. Smokers have a 50 percent higher risk. The risk increases still more for long-term smokers, heavy smokers, and those who smoke unfiltered cigarettes.

- Oral contraceptive use. Studies have found a higher incidence of cervical cancer in women who have used oral contraceptives.

- Women whose mothers took the drug diethylstilbestrol (DES) during pregnancy.

## Recommendations for Gynecological Cancer Screenings

Doctors recommend that all women have a Pap smear and pelvic examination at least every 3 years from 20 to 65. Pap smears appear to be less important for women over 65 who have had regu-



*Uterine cancer usually begins in the endometrium, the inner lining of the uterus.*

lar, normal Pap smears throughout their lives and who have no particular risk factors. Women who have never had Pap smears and/or pelvic exams, or who have had them infrequently, should be screened even if they are over 65.

## Screening for Cervical Cancer

The most common screening test for cervical cancer is the Pap smear, named for Dr. George Papanicolaou, who developed it. The Pap smear involves taking gentle scrapings of cells from the cervix and cervical canal and "smearing" them on a slide, which is sent to a laboratory for analysis.

Although a Pap smear is not infallible, it can detect 95 percent of cervical cancers. Because the disease tends to be slow-growing, having a Pap smear at regular intervals increases your chances of detecting any cancer before it spreads.

If the results of a Pap smear are positive (some abnormal cells are present), this does not necessarily mean you have cancer. However, your doctor will probably recommend having another test, such as colposcopy and biopsy. A colposcope is a device with a magnifying lens that allows the doctor to examine the cervix more closely. A biopsy involves removing a small piece of tissue from the cervical area to be examined in a laboratory for the presence of cancerous cells.

If you are over 65 and have had regular Pap

*(continued on page 20)*

## Gynecological Cancers *(continued from page 19)*

smears that were all negative (showed normal results), and you have no other risk factors, your doctor may decide that it is not necessary for you to continue having this test.

### Cancer of the Uterus and Endometrium

#### What is it?

Cancer of the uterus is most common in postmenopausal women, aged 60 to 74; peak mortality is for women 85 and older. This cancer may also be called cancer of the endometrium (the uterine lining), because this is where the disease often starts.

#### Who is at risk?

Risk factors include:

- Estrogen replacement therapy (ERT). Higher rates of endometrial cancer have been reported in women who had unopposed estrogen replacement therapy during and after menopause.
- Obesity; that is, a weight greater than 20 percent over your ideal.
- Never having given birth.
- Late onset of menopause (still menstruating at age 52).
- A history of infertility or irregular menstrual periods.

### Screening for Cancer of the Uterus and Endometrium

Uterine cancer may be symptomless in its early stages. Fewer than half of all cases are detected with Pap smears, and it is rarely detectable during a pelvic exam.

Endometrial sampling can detect most cancers of the uterus and endometrium. This involves having your doctor remove a small fragment of endometrial tissue for laboratory analysis, a procedure which can be performed in your doctor's office and usually does not require anesthesia.

A more accurate diagnosis may require a surgical procedure called dilation and curettage (D&C), in which the surgeon dilates the cervix and gently scrapes tissue from the uterine lining for laboratory analysis.

### Ovarian cancer

#### What is it?

Ovarian cancer is the fifth leading cause of cancer death in women. The highest incidence and mortality rate are in women 55 and older. If detected early, ovarian cancer has a high cure rate. Unfortunately, it often has no symptoms in its early stages. The disease is already advanced in more than two-thirds of the women who are diagnosed with it.

#### Who is at risk?

Risk factors include:

- Being postmenopausal.
- Never having been pregnant.
- Problems with conceiving.

### Screening for ovarian cancer

The most common screening tools are pelvic examinations and the Pap smear, although unfortunately, these are of very limited effectiveness in ovarian cancer detection. If an abnormality is suspected, your doctor may wish to do ultrasound imaging of the inside of

## Diethylstilbestrol (DES): Is Your Daughter at Risk?

**From the 1940s through the 1970s, many women were given the drug diethylstilbestrol (DES), a synthetic estrogen, during pregnancy to prevent miscarriages. Unbeknownst to the doctors who prescribed the drug, it also produced a birth defect in the daughters of these women that can develop into cervical cancer. These "DES daughters" also have a higher risk of developing a particular type of vaginal cancer called clear cell adenocarcinoma. If you know or suspect that you or your mother may have taken DES during pregnancy, contact your doctor.**

your abdomen or take X-rays of the colon, kidneys, or ureters, because an ovarian tumor may distort the shapes of these organs. The most definitive test involves laparoscopy, a procedure in which a surgeon makes a small incision in your abdomen to insert a small scope with which to examine the ovaries and perhaps remove some tissue for laboratory analysis.

### Cancer of the vagina or vulva

#### What is it?

Cancer of the vagina or vulva is very rare; only about 1 percent of  
*(continued on page 23)*



# Saint Louis University Division of Geriatrics Passport to Aging Successfully\*



SAINT LOUIS  
UNIVERSITY

Please complete this questionnaire before seeing your physician and take it with you when you go.

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

**BLOOD PRESSURE**      laying down: \_\_\_\_\_      standing: \_\_\_\_\_

**WEIGHT**      now: \_\_\_\_\_ 6 months ago: \_\_\_\_\_ change: \_\_\_\_\_

**HEIGHT**      at age 20: \_\_\_\_\_      now: \_\_\_\_\_

**CHOLESTEROL**      LDL: \_\_\_\_\_      HDL: \_\_\_\_\_

**VACCINATIONS**       Influenza (yearly)       Pneumococcal       Tetanus (every 10 years)

**TSH**      Date: \_\_\_\_\_      **FASTING GLUCOSE**      Date: \_\_\_\_\_

**Do you SMOKE?** \_\_\_\_\_

**How much ALCOHOL do you drink?** \_\_\_\_\_ per day

**Do you use your SEATBELT?** \_\_\_\_\_

**Do you chew TOBACCO?** \_\_\_\_\_

**EXERCISE: How often do you...**

do endurance exercises (walk briskly 20 to 30 minutes/day or climb 10 flights of stairs) \_\_\_\_\_ /week

do resistance exercises? \_\_\_\_\_ /week      do balance exercises? \_\_\_\_\_ /week

do posture exercises? \_\_\_\_\_ /week      do flexibility exercises? \_\_\_\_\_ /week



**Can you SEE ADEQUATELY in poor light?** \_\_\_\_\_

**Can you HEAR in a noisy environment?** \_\_\_\_\_

**Are you INCONTINENT?** \_\_\_\_\_

**Have you a LIVING WILL or durable POWER OF ATTORNEY FOR HEALTH?** \_\_\_\_\_

**Do you take ASPIRIN daily** (only if you have had a heart attack or have diabetes)? \_\_\_\_\_

**Do you have any concerns about your PERSONAL SAFETY?** \_\_\_\_\_

**When did you last have your STOOL TESTED for blood?** \_\_\_\_\_

**When were you last screened for OSTEOPOROSIS?** \_\_\_\_\_

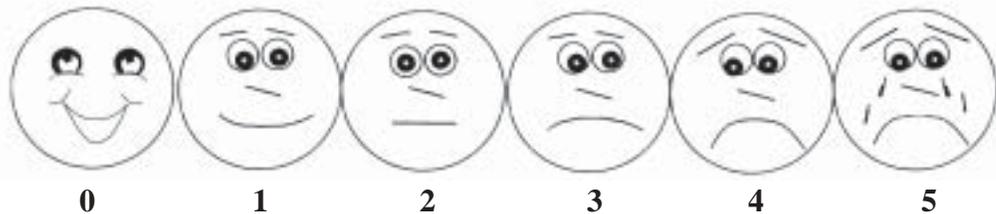
**Are you having trouble REMEMBERING THINGS?** \_\_\_\_\_

**Do you have enough FOOD?** \_\_\_\_\_

**Are you SAD?** \_\_\_\_\_

**Do you have PAIN?** \_\_\_\_\_

If so, which face best describes your pain?



**M A L E S** Do you have trouble passing urine? \_\_\_\_\_  
Have you discussed PSA testing with your doctor? \_\_\_\_\_  
What is your ADAM score? \_\_\_\_\_

**F E M A L E S** When was your last pap smear? \_\_\_\_\_  
When was your last mammogram? \_\_\_\_\_  
Do you check your breasts monthly? \_\_\_\_\_  
Are you satisfied with your sex life? \_\_\_\_\_

Now, please answer the four questionnaires on the back of this page.

\* This questionnaire is based on the health promotion and prevention guidelines developed by Gerimed® and Saint Louis University Division of Geriatric Medicine.

# Passport to Aging Successfully

Please fill out these forms before seeing your physician and take them with you when you go.

Geriatric Depression Scale	(circle one)
Are you basically satisfied with your life?	YES NO
Have you dropped many of your activities and interests?	YES NO
Do you feel that your life is empty?	YES NO
Do you often get bored?	YES NO
Are you in good spirits most of the time?	YES NO
Are you afraid that something bad is going to happen to you?	YES NO
Do you feel happy most of the time?	YES NO
Do you often feel helpless?	YES NO
Do you prefer to stay at home, rather than going out and doing new things?	YES NO
Do you feel you have more problems with memory than most?	YES NO
Do you think it is wonderful to be alive?	YES NO
Do you feel pretty worthless the way you are now?	YES NO
Do you feel full of energy?	YES NO
Do you feel that your situation is hopeless?	YES NO
Do you think that most people are better off than you are?	YES NO

Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontologist* 1986;5:165.

ADAM (Men only)
1. Do you have a decrease in libido? _____
2. Do you have a lack of energy? _____
3. Do you have a decrease in strength and/or endurance? _____
4. Do you have a decreased enjoyment of life? _____
5. Are you sad? _____
6. Are you grumpy? _____
7. Are your erections less strong? _____
8. Have you noticed a recent deterioration in your ability to play sports? _____
9. Are you falling asleep earlier after dinner? _____
10. Has there been a recent deterioration in your work performance? _____

Epworth Sleepiness Questionnaire
How likely are you to doze off or to fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Use the following scale to choose the most appropriate number for each situation.

0—would never doze	1—slight chance of dozing
2—moderate chance of dozing	3—high chance of dozing

Situation	Chance of dozing
Sitting and reading . . . . .	.....
Watching TV . . . . .	.....
Sitting inactive in a public place . . . . .	.....
As a passenger in a car for an hour . . . . .	.....
Lying down to rest in the afternoon . . . . .	.....
Sitting and talking to someone . . . . .	.....
Sitting quietly after a lunch without alcohol . . . . .	.....
In a car while stopped for a few minutes . . . . .	.....
Total .....	..... / 24

CAGE
Have you ever considered <u>C</u> utting down on your alcohol intake? _____
Do people <u>A</u> nnoy you by criticizing your drinking? _____
Have you ever felt bad or <u>G</u> uilty about your drinking? _____
Have you ever had an alcoholic drink first thing in the morning ( <u>E</u> yeopener) to steady your nerves or get rid of a hangover? _____



## Can't Find our Crossword Puzzle?

We had no space left to put in our regular crossword puzzle for this issue! However, we've made it easy for you to obtain the entire collection.

A book containing 23 crossword puzzles on various medical, psychiatric, and social topics of interest has been published by the Division of Geriatric Medicine.

Some of the topics included are:

**Alternative Medicine**

**Incontinence**

**Nutrition**

**Dermatology**

**Maintaining Your Health**

**Dementia**

**Eyes**

**Pressure Ulcers**



The books are available from the Saint Louis University Division of Geriatric Medicine, Attn: Ronna Rhodes, 1402 S. Grand Blvd., Room M238 St. Louis, MO 63104. The cost is \$16.50.

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## MOVING?

Please let us know if this issue is misaddressed or if you will be moving soon. Please fax the label from the back of this issue along with the new address to 314-771-8575. Please allow 8-12 weeks for the change to be effective.

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## Gynecological

### Cancers *(continued from page 20)*

Gynecological cancers involve this area of the body. These tumors may extend to the bladder or rectum, leading to frequent urination and painful defecation.

### Who is at risk?

Risk factors include:

- Age. Incidence is highest between ages 45 and 65; the highest mortality rate is in women aged 50 to 70.

- A woman whose mother took the drug diethylstilbestrol (DES) during pregnancy. (See the box "Diethylstilbestrol (DES): Is your daughter at risk?" on page 20.)

### Screening for cancer of the vagina or vulva

The most common tools are Pap smears, pelvic examinations, and visual inspections of the vaginal walls and vulva. A less common method is the Schiller's test, in which the cervix and vaginal walls are painted with an iodine solution. Normal tissue stains dark brown, whereas any abnormal tissue does not stain. ■

## Been Here? Done This ?

Offering regular updates on geriatrics, Cyberounds, an internet-based educational program for physicians and other health providers, is edited by Dr. John E. Morley. The internet address for

Cyberounds is: [www.cyberounds.com](http://www.cyberounds.com)

A cybersite for seniors has been developed in collaboration with Saint Louis University and the Gateway Geriatric Education Center. Besides articles written by geriatric experts, this site provides health updates and an interactive question and answer section. The address for this site is [www.thedoctorwillseeyounow](http://www.thedoctorwillseeyounow). See you in cyberspace!





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# Aging SUCCESSFULLY

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