## SECTION 6
### DISEASE PREVENTION & MEDICAL CARE

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AIDS/HIV PREVENTION

HIV, which stands for Human Immunodeficiency Virus, is a virus that destroys cells in the immune system. These cells (white blood cells) are necessary because they protect the body from diseases. AIDS, which stands for Acquired Immunodeficiency Syndrome, is the most advanced stage of HIV infection. With AIDS, the immune system is weakened to the point where the body has no defenses against life-threatening diseases, infections, and cancers.

QUESTION:
Why should I worry about AIDS or HIV at my age?

ANSWER:
As of 2010, Americans age 55 and older account for about 19 percent of all known HIV cases in the nation. Elders may not recognize HIV symptoms in themselves, thinking that what they are experiencing is part of the aging process. The 50+ age group had the second greatest proportion of AIDS cases reported in 2010 with 28 percent of reported cases. In Florida, the percentage of people over age 50 with AIDS is above the national average.

According to the Centers for Disease Control and Prevention, sexually active older people are less likely than younger people to use condoms, since they do not perceive themselves as being at risk for the disease. The denial and delay in treatment often results in older infected persons dying sooner than other AIDS-infected individuals, since the disease has progressed without treatment.

For more information on HIV and AIDS, call the Centers for Disease Control toll-free at 1-800-232-4636, the Florida Department of Health at 850-245-4444, or the Florida Elder Helpline toll-free at 1-800-96-ELDER (1-800-963-5337).

Reasons for Rise in HIV/AIDS Among Elders:
- Elders are less knowledgeable about HIV/AIDS
- Elders are often overlooked in prevention education efforts
- Elders are less likely to discuss sex/drug issues with doctors

You Are at Risk for HIV if You:
- Are sexually active and not using a condom
- Are unaware of your partner’s sexual and drug history
- Inject drugs and share needles or syringes
- Had a blood transfusion between 1978 and 1985
ALZHEIMER’S DISEASE

Alzheimer’s disease causes changes in the brain. It develops progressively, beginning with mild memory problems and ending with serious mental damage. Alzheimer’s disease exacts a heavy toll on family members and caregivers as well as the individual as the disease worsens.

Some change in memory is normal as a consequence of aging; however, Alzheimer’s disease affects the ability to think, remember, and talk. As the disease progresses, it impacts every aspect of a person’s life. Alzheimer’s disease is considered to be irreversible, since there is no known cure. The disease is the most common cause of dementia, which is a medical condition that disrupts the way the brain works. Symptoms of dementia may include changes in personality, mood, and behavior. Dementia may be caused by other factors and conditions, including a high fever, dehydration, vitamin deficiency, poor nutrition, or adverse reaction to medicines. Some of these medical conditions may be treatable.

If you or a loved one are beginning to experience early stages of dementia, you should know that help is available. The Florida Alzheimer’s Disease Initiative (ADI) provides a variety of supportive services for patients and caregivers. Florida is home to 15 authorized memory disorder clinics, all funded by the state. These clinics provide medical diagnosis and treatments for Alzheimer’s disease patients. See the Resource Directory in the back of this guide for the address and contact information of Florida’s memory disorder clinics. Additionally, a number of public and private organizations provide information to assist caregivers and elders with memory disorders.

Facts About Alzheimer’s Disease

- As many as 5.3 million Americans are living with Alzheimer’s disease
- Alzheimer’s disease accounts for 50 to 70 percent of dementia cases

For more information about Alzheimer’s disease or accessing services for yourself or a loved one, call the Elder Helpline toll-free at 1-800-96-ELDER (1-800-963-5337).
ARTHRITIS

Arthritis causes pain and loss of movement. It can affect joints in any part of the body. It is a chronic disease that affects individuals over long periods of time. According to the Florida Arthritis Prevention and Education program, an estimated 3 million Floridians are living with some form of arthritis. The most common forms of arthritis are osteoarthritis and rheumatoid arthritis.

Osteoarthritis affects most of us as we grow older and involves the breakdown of cartilage and bones. This form of arthritis usually affects fingers and weight-bearing joints, such as knees, feet, hips and back. Rheumatoid arthritis involves the inflammation of the joints. Left untreated, it can lead to damage to your cartilage and bones. Rheumatoid arthritis often affects the same joints on both sides of the body. Hands, wrists, feet, knees, ankles, shoulders, neck, jaw, and elbows are the most common places where this type of arthritis can be found.

Exercise helps reduce the pain and fatigue of many different kinds of arthritis and related diseases. Exercise helps keep you moving, working, and independent.

**QUESTION:**
What can I do to maintain my independence if I already have arthritis?

**ANSWER:**
Contact your doctor or local health clinic for more information about arthritis and how to maintain your independence.

**QUICK FACT:**
Early diagnosis and appropriate management of arthritis, including self-management activities, can help people with arthritis decrease pain, improve function, stay productive, and lower health care costs.

For additional information, contact the Arthritis Foundation by calling 1-800-568-4045 or by visiting arthritis.org. You can also contact your local Aging and Disability Resource Center or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).
ASTHMA/BRONCHITIS/EMPHYSEMA

The American Lung Association estimates that 2 million adults age 65 and older have been diagnosed with asthma in this country. Asthma and other breathing problems such as bronchitis and emphysema are common among older adults. While asthma can be successfully managed and treated, it is a serious disease that can be extremely dangerous.

Asthma is a chronic condition that occurs when the main air passages of your lungs (bronchial tubes) become inflamed. When you have asthma, your bronchial tubes are sensitive and may easily be affected by smoke, pollen, dust, air pollution, and other allergies. Studies show that 25 percent of adults age 65 and older experience some form of wheezing, the most common symptom of asthma. Research also indicates that some people who experienced asthma during childhood may have a reoccurrence as they get older.

It can sometimes be difficult for doctors to determine whether a breathing problem is asthma or another lung disease. This is because such lung diseases as bronchitis and emphysema have symptoms similar to asthma.

Bronchitis is an inflammation of the lining of the bronchial tubes. When these tubes are inflamed or infected, a smaller amount of air is able to flow to and from the lungs. Bronchitis differs from asthma in that its symptoms consist of a persistent cough that produces a heavy mucus or phlegm. Chronic bronchitis is defined as the presence of a mucus-producing cough most days of the month, at least three months out of the year, for at least two consecutive years, where the cough cannot be linked to another medical condition.

When the delicate air sacs inside the lungs become damaged, the resulting condition is called emphysema. While there are many different causes of emphysema, including smoking, the disease results in similar symptoms and physical changes in the patient. The condition is irreversible and the “holes” in the lungs created by the disease are permanent. The damaged tissues are unable to exchange oxygen for carbon dioxide, resulting in less oxygen to the bloodstream and increasing shortness of breath. The lungs also lose much of their elasticity, which makes the patient unable to exhale without great difficulty. Symptoms can include shortness of breath, dizziness, wheezing, coughing, and weight loss. Emphysema is treated mainly with surgery, anti-inflammatory drugs,
bronchodilators, and oxygen. It is a serious condition and should be treated by a qualified medical professional.

**QUESTION:**
I am a 65-year-old man with occasional symptoms of asthma. How do I know whether this is asthma or something else?

**ANSWER:**
Diagnosing asthma can be difficult. Many people experience mild to very severe symptoms, which are often similar to those of other lung conditions. Early congestive heart failure and emphysema have been known to cause symptoms similar to those of asthma. See your doctor for a complete examination in order to rule out these and other possible conditions and to be properly diagnosed.

For additional information about asthma, bronchitis, or emphysema, contact your doctor, local health clinic, or the American Lung Association at 1-800-LUNG-USA (1-800-586-4872), or visit the website at [lung.org](http://lung.org).
BLADDER PROBLEMS – URINARY INCONTINENCE

Although urinary incontinence (the loss of bladder control) can happen to anyone, it is an unfortunate problem that mostly affects elders. If left untreated, urinary incontinence can become a major health problem that can lead to disability and dependency.

There are four types of bladder incontinence; stress, urge, overflow, and functional. The two most common forms of urinary incontinence in older adults are stress-related incontinence and urge incontinence.

**Stress-related incontinence** happens during coughing, laughing, exercising, or any activity that can put pressure on your bladder. This type of incontinence is common and can almost always be controlled.

**Urge incontinence** occurs when you cannot hold your urine long enough to make it to a restroom. Although the condition can be found in healthy people, it is most often found in people who have diabetes, dementia, or Parkinson’s disease, or those who have suffered a stroke. This form of incontinence can also serve as a warning sign of bladder cancer or an enlarged prostate in men.

**Overflow incontinence** occurs when you are unable to empty your bladder completely. This can result in leakage, a sense of urgency, or frequency in urination once the bladder is already full. Overflow incontinence could be chronic or acute related to medical conditions.

**Functional incontinence** happens in many older people who have normal bladder control. They just have a hard time getting to the toilet in time because of arthritis or other disorders that make moving quickly difficult.

Common Treatment Options for Bladder Problems

- Pelvic muscle exercises and bladder training
- Prescription medications
- Surgery to remove bladder blockages
- Implants to control bladder muscles
QUESTION:
What can I do to get help if I suspect that I have an incontinence problem?

ANSWER:
The first step in treating incontinence is to see your doctor for a complete medical exam. You may be referred to a urologist, a doctor who specializes in diseases of the urinary tract.

For more information about urinary incontinence, contact your doctor or health care provider. You may also contact the National Association for Continence by visiting nafc.org or calling 1-800-252-3337.

QUICK FACT:
According to a 2014 report by the U.S. Department of Health and Human Services, approximately 44 percent of people age 65 and older living at home reported bladder incontinence.
BLOOD SCREENING TESTS

Blood screening tests are designed to help you monitor your own health. Test results from a blood sample you provide are analyzed to ensure that blood chemistry findings are within normal limits. Blood screening tests check your cholesterol level, kidney functions, glucose level (blood sugar), thyroid (TSH), and prostate (PSA). The tests are designed to detect abnormalities and diseases, including anemia, infections, and diabetes. If your test results indicate that there is a problem, a doctor should schedule a follow-up visit to discuss the prognosis and treatment.

Screenings are often conducted at convenient community-oriented locations such as health clinics, senior centers, community centers, or churches. These screenings are generally free or require a small fee.

QUESTION:
Why should I attend health screenings when I feel great and have had no signs of illness?

ANSWER:
Evidence shows that health-screening programs play a significant role in disease prevention and longevity.

Sometimes serious health problems exist with no notable signs. Many diseases associated with aging fall into this category and are labeled silent killers, since late detection and delayed treatment may be life threatening.

You may contact your Aging and Disability Resource Center to get more information on health screening programs. Other contacts include your local health clinic, your doctor, pharmacists, and/or the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).
BONE DENSITY SCANNING/OSTEOPOROSIS

Osteoporosis is a thinning and weakening of the bones that takes place as we age. Bone is a living tissue, composed mainly of calcium and protein. As we get older, our body absorbs more calcium from our bones. If more calcium is absorbed than is replaced, the density or mass of bones decreases, and the bones become weaker. Consequently, the risk of fractures or breakage is increased.

Bone density scanning is a health-screening test that measures the strength of your bones. Proper diagnosis and early treatment can help reduce the risk of osteoporosis.

The loss of bone tends to occur mostly in the spine, the lower forearm above the wrist, and the upper thighbone. Spine fractures, wrist fractures, and hip fractures are common injuries in older people and often result in the loss of independence. To reduce your risk of fractures in the home, install handrails where needed, keep electrical cords and obstacles out of your path, and do not stand on unsteady surfaces. Moderate weight-bearing exercise, such as walking, and a diet rich in vitamin D and calcium help maintain bone health.

QUICK FACT:
Osteoporosis is responsible for almost 2 million fractures annually.

To schedule a bone density screening or get information about screening and location, contact your Aging and Disability Resource Center, or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337). Other information sources include the National Osteoporosis Foundation at 1-800-231-4222 or online at nof.org, your doctor, or a local health clinic.
### BOWEL PROBLEMS – CONSTIPATION

While everyone becomes constipated at one time or another, research has indicated that older adults are more likely to experience recurrent constipation. Constipation is not a disease; but a condition defined as the infrequent or difficult passage of stool. It often develops as a symptom of a larger digestive problem.

The most common causes of constipation are lack of proper hydration (water/fluids), poor eating, and overuse of laxatives. Medications, such as antacids that contain aluminum or calcium, antihistamines, and diuretics, can also lead to constipation in some individuals. Adding fiber to the diet can help prevent constipation.

In older adults, constipation can occur after long periods in bed or because of intestinal problems. Your doctor can perform certain tests to determine if a problem like this is the cause of your constipation. Being regular is different for each person; there is no “right” number of daily or weekly bowel movements.

**QUESTION:**
What can I do if I suspect that I have a serious bowel problem?

**ANSWER:**
If you suspect that you may have a serious bowel problem, seek medical attention from a licensed health care provider in order to rule out more serious health problems.

For additional information on bowel problems, contact your doctor or the National Digestive Diseases Information Clearinghouse at 1-800-891-5389 or online at [digestive.niddk.nih.gov](http://digestive.niddk.nih.gov).

**QUICK FACT:**
Fiber-rich foods include raw prunes, oatmeal, pears, peas, corn, broccoli, apples, bananas, and beans.
COLORECTAL CANCER SCREENING

Colorectal cancer screening is a test administered by your doctor to detect the presence of polyps (tumors) on the inside wall of the colon or rectum. The colon, or large intestine, is at the end of the digestive system. In the United States, the colon and rectum combined (colorectal) are the third most common site of new cancers.

Anyone can get colorectal cancer, but more than 90 percent of cases occur after age 50. Men and women are equally affected by colon cancer. Colorectal cancer generally afflicts the older population, with the incidence peaking in the 60-plus age group. A polyp is a grape-like, abnormal growth that develops slowly over several years (three to ten years). The tumor will likely become cancerous if not removed. To prevent colon cancer, it is important to get screened and have a doctor remove any polyps that are found.

**QUESTION:**
Why should I go to be screened, since I have no symptoms?

**ANSWER:**
Screening is important, since the early stage of colorectal cancer frequently does not cause any symptoms.

The only way to find polyps is through screenings. Health risks associated with contracting colorectal cancer can be reduced by eating a diet that is rich in fiber and calcium, avoiding foods that are high in fat (including fried foods) and exercising regularly.

Contact your Aging and Disability Resource Center to get more information on colorectal screening programs, or you may contact the American Cancer Society at 1-800-227-2345, or visit the website at cancer.org. Other contacts include your doctor or local health clinic.

**QUICK FACT:**
According to the American Cancer Society, 50 percent of colorectal cancer cases and deaths are thought to be preventable if everyone age 50 or older got screened for colon cancer.
DEHYDRATION

Getting enough water is important to maintaining good health. Lack of water can lead to dehydration, which can be a serious health risk for elders. Dehydration is a condition that exists when the body is not getting enough liquids (water). The older you are, the harder it is to determine when you are thirsty.

Research has indicated that in some cases, drinking water can help prevent certain diseases like kidney stones, colon cancer, and bladder cancer. Drinking water can help your kidneys and liver function better by helping them flush out toxins. It helps remove wastes in the body and helps prevent constipation. Water can also help regulate body temperature, cushion joints, and carry nutrients and oxygen to your cells.

While drinking water is often your best option, you can also keep hydrated with milk, juices, and soups. Limit your use of sodas, caffeinated beverages, and alcohol. Caffeine use can cause dehydration, jitters, irritability, insomnia, and elevated blood pressure.

QUESTION: How can I tell if I am dehydrated?

ANSWER: If your urine is dark yellow, or if you urinate fewer than four times a day, you probably need to increase your water intake. If your urine is pale yellow, you are probably drinking enough fluids.

For additional information on dehydration, contact your doctor, local health clinic, or the Academy of Nutrition and Dietetics at 1-800-877-1600.

QUICK FACT: When you are active or out in hot weather, you should increase your intake of water.
DISEASE PREVENTION & MEDICAL CARE

DEMENTIA

Dementia is defined as a group of symptoms that involve the progressive impairment of all aspects of brain function. Dementia may be diagnosed when there is impairment of two or more brain functions, such as language, memory, emotional behavior, and cognitive ability. Although this disease can affect people of all ages, dementia is most commonly associated with the elderly.

The onset of dementia usually occurs over a long period of time, and there is a slow progression of symptoms throughout the course of this illness. One of the early signs of dementia is forgetfulness. Although people who suffer from dementia experience both short- and long-term memory losses, research suggests that short-term memory is most affected.

Most of the disorders associated with dementia are degenerative, progressive, and irreversible. However, some causes of dementia are treatable. Consult with your doctor if you are becoming disoriented, forgetful, or having difficulty concentrating.

QUESTION:
When reminiscing with friends, I cannot always remember things from my childhood. Should I worry about my memory loss?

ANSWER:
Consider seeing your doctor if your memory worsens over time, you forget the names and faces of familiar people, or family or friends show concern about you.

For additional information on programs about dementia, contact your Aging and Disability Resource Center, or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).

QUICK FACT:
Keep your memory sharp by developing hobbies and staying involved in activities that will stimulate the mind and body.

Symptoms of Dementia

- Progressive memory loss
- Disorientation
- Lack of concentration
- Difficulty communicating
- Personality changes
No matter how old you are, everyone needs to take care of his or her teeth, gums, and mouth. Tooth decay is not just a problem for children. It can happen as long as you have natural teeth in your mouth. When your mouth is healthy, you can easily eat the foods you need for good nutrition.

Tooth decay can ruin enamel, which covers and protects your teeth. Decay develops when bacteria cling to your teeth and form a sticky, colorless, odorless film called plaque. Left untreated, plaque builds up and can lead to tooth decay and cavities. The onset of gum disease can also cause teeth to decay.

If you wear dentures (false teeth), it is important to keep them in good condition. In time, dentures may need to be replaced or readjusted because of changes that occur in the tissues of your mouth. When necessary, seek professional help to make adjustments to your dentures.

For additional information on dental care, contact your dentist or the American Dental Association at 1-800-621-8099.

QUICK FACT:
Learn more about dental care through the American Dental Association at ada.org.
DIABETES SCREENING

Diabetes is a disorder of the body’s metabolism (the way a body uses digested food for growth and energy). When a person eats, the pancreas is supposed to automatically produce the right amount of insulin to move glucose (sugar) from the blood into our cells. When the pancreas produces little or no insulin, or the cells do not respond to the insulin produced, a diabetic condition results.

There are three main types of diabetes: Type 1, Type 2 and gestational diabetes. The most common form is Type 2 diabetes – more than 90 percent of people with the disease have Type 2. This form of diabetes is most common in adults age 55 and older. The symptoms of Type 2 diabetes develop gradually, and some people experience no symptoms.

In uncontrolled diabetes, glucose and fats remain in the blood and, over time, damage vital organs and contribute to heart disease, as well as nerve, foot, eye, and kidney damage. Type 2 diabetes is more common in older people and those who are overweight. It also occurs more often in African-Americans and Hispanics. Diabetes is expected to rise as the U.S. population ages.

**QUESTION:**
My mother is a 60-year-old Hispanic-American woman and is probably 30 pounds overweight. She has no major health problems, but is she at risk of becoming diabetic?

**ANSWER:**
Yes, she could be. Type 2 diabetes usually involves a slow onset of manifestations, with the person being unaware of the condition until health care is sought for some other problem. As a result of higher risk factors associated with age and ethnicity, a diabetes screening would be strongly recommended.

**Diabetes Symptoms**
- Excessive thirst
- Frequent urination
- Excessive hunger
- Unexplained weight loss
- Fatigue
- Changes in vision
- Slow healing of cuts or infections
- Persistent itching of the skin
Older adults with Type 2 diabetes may be able to manage the condition by eating well, exercising, and maintaining a healthy weight. Here are a few things seniors can do to stay as healthy as possible after being diagnosed with Type 2 diabetes:

- Achieve an age-appropriate body weight,
- Avoid foods high in saturated fat and cholesterol,
- Avoid high-sodium foods,
- Avoid high-sugar foods, and
- Increase meal frequency with added snacks.

Research shows that, by practicing certain preventive lifestyle changes, a person can delay or prevent many complications of diabetes. Thanks to advances in medicine, diabetes can be successfully controlled. The commitment of the patient is essential in making a diabetes management plan succeed.

Diabetes is recognized as one of the leading causes of death and disability in the United States. Complications from diabetes often lead to blindness, heart and blood vessel disease, strokes, kidney failure, amputations, and nerve damage. Persons with diabetes should wear an identification bracelet or necklace indicating that they are diabetic to ensure that, in case of an emergency, the proper medical treatment will be administered.

Contact your local Aging and Disability Resource Center to get more information on diabetes screening programs. Other contacts include your doctor or local health clinic, the Elder Helpline at 1-800-96-ELDER (1-800-963-5337), the American Diabetes Association at diabetes.org or 1-800-342-2383, and the National Diabetes Information Clearinghouse at 1-800-860-8747, or visit the website at diabetes.niddk.nih.gov.

QUICK FACT:
Detecting and treating diabetic-related eye disease with laser therapy can reduce the development of severe vision loss by an estimated 50 to 60 percent while comprehensive foot care programs can reduce diabetes-related amputation rates by 45 to 85 percent.
DIET/EXERCISE

Diet and exercise play a major role in health maintenance and disease prevention activities for elders. Research shows that maintaining a proper diet while engaging in moderate exercise can help prevent or delay the onset of chronic diseases associated with aging. There is a direct correlation between the level of physical activity and the occurrence rate of heart disease, high blood pressure, obesity, diabetes, osteoporosis, and mental disorders such as depression.

Always check with your doctor before starting an exercise program. Most seniors, regardless of age or condition, will be able to increase their physical activity to a moderate level. Group exercises are good; however, you should always start with a program that gradually builds up endurance. This could be as little as five minutes at a time.

QUESTION:
When I was younger, I was quite active physically. What kinds of exercise are appropriate for me now that I am older?

ANSWER:
There are four basic types of exercises that can provide health benefits for older adults. They include strength exercises, balance exercises, flexibility exercises, and endurance exercises. Remember, more important than the amount of exercise you do is the type and regularity of your exercise routine.

For more information, contact your local Aging and Disability Resource Center or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).

Healthy Eating Habits

- Eat a balanced diet
- Reduce salt, fat, and sugar intake
- Substitute snacks with naturally sweet fruits
- Increase intake of calcium and fiber-rich foods
- Eat five to seven fruits and vegetables per day

Safe Exercising Habits

- See your doctor before starting
- Don’t overdo it, go slow at first
- Drink plenty of water
- Enjoy yourself, have fun
EYE CARE – CATARACTS

Cataracts are an eye disease that result in the clouding of the normally clear lens of the eye. It is a change within the lens of the eye, not a growth or film over the eye. Cataracts commonly affect distance vision and cause problems with glare (vision becomes faint, hazy, or blurred). The most common type of cataract is related to aging. Almost all Americans age 65 or older have some degree of clouding of the lens.

The disease usually takes years to develop and may affect only one eye or both eyes at different rates. As cataracts mature, a person’s visual acuity gradually declines, affecting both close and distant vision.

Surgical removal is the only treatment at this time for cataracts. This procedure is recommended only when cataracts begin to interfere with a person’s life. Surgery involves removing the diseased natural lens and replacing it with a plastic substitute. The success rate for cataract surgery is very high and is usually done on an outpatient basis using a local anesthesia.

QUESTION:
What if I need cataract surgery on both eyes? Is the surgery done for both eyes at the same time?

ANSWER:
No, when both eyes have cataracts, the operation on the second eye is not done until later, after the first eye has healed.

For additional information on cataracts, see your doctor and consult with an eye specialist. You can also contact the Florida Department of Health at 850-245-4444 or online at floridahealth.gov or the National Eye Institute at 301-496-5248, or visit the website at nei.nih.gov.
EYE CARE – GLAUCOMA

Glaucoma is an eye disease that gradually diminishes sight without warning and often without other symptoms. The damage results from an increase in the pressure of fluid within the eye. The rise in pressure caused by fluid build-up leads to progressive damage to the optic nerve. Over time, glaucoma can lead to a gradual loss of peripheral vision.

Often called the “silent thief of vision,” since no advanced warning symptoms occur, glaucoma is a leading cause of blindness worldwide. Open-angled glaucoma is the most common form in adults, accounting for approximately 90 percent of all glaucoma. Open-angled glaucoma occurs when the eye’s drainage canals become clogged and do not properly drain. Early treatment with medicine and/or surgery can prevent or delay serious vision problems.

**QUESTION:** How often should I have my eyes examined for glaucoma and other eye diseases?

**ANSWER:** After age 60, you should have your eyes examined every one to two years. If you have glaucoma or are subject to the major risk factors (see sidebar), you can help prevent further damage from the disease through routine eye examinations.

For more information, contact Eye Care America at 1-800-222-3937, or visit the website at eyecareamerica.org. Other contacts include your doctor or local health clinic, the Elder Helpline at 1-800-96-ELDER (1-800-963-5337), and the Glaucoma Research Foundation at 1-800-826-6693 or at glaucoma.org.

**QUICK FACT:** Blindness from glaucoma is 6 to 8 times more common in African Americans than Caucasians.

**Glaucoma Risk Factors**

- Age 65 or older
- Diabetes
- Nearsightedness
- High blood pressure
- Family history of glaucoma
- Age 40 or older and African-American
EYE CARE – AGE-RELATED MACULAR DEGENERATION

Age-related macular degeneration (AMD) is a disease of the eye that causes the loss of the sharp, central vision needed for daily activities like reading, sewing, and driving. AMD is caused by problems with the blood vessels in the eye itself. There are two types of macular degeneration: wet and dry. Wet AMD is the more severe form of the disease, and central vision loss can be quite rapid. Dry AMD occurs more frequently, and the onset of vision problems with dry AMD is much slower.

There is no pain associated with either type of AMD, and the symptoms are similar: loss of central vision and/or blurred vision. The most common symptom of dry AMD is slightly blurred vision. You may find that you need more light for reading and other close tasks. Faces can become difficult to recognize. Dry AMD tends to affect both eyes, but vision can be lost in one eye while the other eye seems unaffected. An early symptom of wet AMD is that straight lines will appear wavy. If this occurs, contact your eye care professional at once. You will need a comprehensive dilated eye exam as soon as possible.

QUESTION:
What are my chances of getting age-related macular degeneration?

ANSWER:
The risk of getting AMD increases with age. Some other factors that increase this risk include smoking, obesity, race (Caucasians are more at risk), family history (those with a family member who has AMD are at a higher risk), and gender (women appear to be at greater risk than men).

For more information about age-related macular degeneration, contact the National Eye Institute at 301-496-5248 or visit the website at nei.nih.gov.

QUICK FACT:
The greatest risk factor for age-related macular degeneration is age.
FALLS AND INJURY PREVENTION

Falls are a leading cause of injuries to persons age 65 years and older. It is estimated that 25 percent of people age 65 to 74 will fall each year. In 2012, more than 46,000 senior Floridians were hospitalized for falls.

A fall can be a life-changing event that results in reduced mobility and independence, and may require nursing home placement. As we grow older, our risk of falling increases; therefore, we need to make adjustments in our daily routine to reduce the risk of sustaining an injury. There are two categories of risk factors for falls: personal and environmental.

Personal factors are physiological in nature and include poor sense of balance, unsteady gait (walk), poor sight, medications, and disabilities. Environmental risk factors include poor lighting, loose rugs, and slippery surfaces. Thirty percent of falls occur in the community, and a full 60 percent of falls occur within the home.

**QUESTION:**
Given the seriousness of injuries resulting from falls, are there programs available to reduce falls?

**ANSWER:**
To help address the incidence of falls, the Department of Health, Office of Injury Prevention initiated a statewide Falls Prevention Coalition. In addition, there are several local falls prevention coalitions throughout the state.

To learn more, contact your local Aging and Disability Resource Center or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).

**QUICK FACT:**
Unintentional falls are the leading cause of injury death among Florida residents ages 65 years and older and the fourth leading cause of injury death overall. Additionally, falls are the leading cause of non-fatal injury related hospital admissions in Florida.
CONSUMER RESOURCE GUIDE

FLU AND PNEUMONIA

In the United States, millions of people contract seasonal flu (influenza) and/or pneumonia each year. While flu and pneumonia usually tend to mildly affect children and young adults, these diseases can become life threatening to older adults. Flu is a contagious disease caused by various forms of the flu virus. Pneumonia is a lung disease that can be caused by a variety of viruses and bacteria.

Both diseases are respiratory diseases that affect the nose, throat, and lungs. Both diseases are communicable, easily spread from person to person through coughing, sneezing, or other close contact. Most people who get medical care for the flu will recover in one to two weeks. If left untreated, however, the flu can quickly lead to pneumonia and become life threatening, particularly to the elderly.

Outbreaks of the seasonal flu and pneumonia can oftentimes be managed yearly by vaccination (see Immunizations/Vaccinations).

QUESTION:
I am on a fixed income. How can I afford preventive treatment for flu and pneumonia?

ANSWER:
Medicare covers flu and pneumonia vaccination shots. Many private health insurance plans also pay for these services. Your community health department or clinic may also offer free or low-cost vaccinations for those who meet certain qualifications.

For additional information on flu/pneumonia and immunization programs in your area, contact the Florida Department of Health, Bureau of Immunizations, at 850-245-4342, the Center for Disease Control at 1-800-CDC-INFO (1-800-232-4636) or cdc.gov, or your local county health department.
FOOD AND NUTRITION

Nutrient requirements tend to increase with age, because older adults generally consume less food, and their ability to consume, digest, and absorb food decreases.

Among older Americans, an estimated 25 percent do not have natural teeth but use dentures, and 70.1 percent of older Americans who do have natural teeth have untreated periodontal disease or cavities. Poor oral health contributes to decreases in appetite or chewing ability, which in turn can negatively impact an older American’s nutritional health.

The use of over-the-counter and prescription drugs increases as people age. Research indicates that up to 81 percent of Americans age 57 to 85 use at least one prescription medication and 29 percent use five or more. Additionally 46 percent of prescription users take at least one over-the-counter medication. Some medications have potent negative effects on nutritional status. The medicinal side effects range from a decrease in appetite and slowing of gastrointestinal function to disruption of normal intestinal flora/function, all of which decrease nutrient absorption.

Over 80 percent of those 65 and older suffer from chronic diseases and conditions, many of which are associated with malnutrition. Maintaining a healthy weight decreases both early admission to long-term care facilities and hospitalizations.

You can check an older person’s nutrition status by completing the DETERMINE checklist available at nutritionandaging.fiu.edu/downloads/nsi_checklist.pdf.

Key Nutrient Recommendations for Older Adults

Increase your consumption of nutrient-rich foods, which provide more nutrients per calorie. Nutrient-rich foods include colorful fruits and vegetables; whole, fortified, and fiber-rich grain foods; fat-free and low-fat dairy products; and lean meats, poultry, fish, eggs, beans, and nuts.

Fruit provides important nutrients such as potassium, folate, vitamin C, and fiber, which may help reduce the risk of heart disease, Type 2 diabetes, and certain cancers. Fill your grocery cart with brightly colored fruits such as blueberries; strawberries; oranges; apricots; kiwifruit; cantaloupe; watermelon; and red, green, or
purple grapes. Choose fresh fruits in season when they are less expensive and most flavorful.

**QUICK FACT:**
Older Americans with unintended weight loss of 5 percent or more of their body weight are at higher risk for malnutrition.

Vegetables provide important nutrients such as potassium, folate, vitamin A, vitamin C, vitamin E, and fiber, and may help reduce the risk of heart disease, Type 2 diabetes, and certain cancers. Eat plenty of dark green vegetables like broccoli, spinach, romaine lettuce, and collard greens. Pick plenty of orange vegetables like carrots, sweet potatoes, pumpkin, and butternut squash. Eat more beans and peas such as pinto beans, kidney beans, split peas, and lentils.

Grains provide important nutrients such as B vitamins, minerals, and fiber. Whole grains may help reduce the risk of heart disease and some cancers, and also help with weight management. Enriched refined grains are fortified with the B vitamin folic acid to help protect against heart attacks and strokes. They contain twice as much folic acid as whole grains. To get whole grains, choose foods that name one of the following whole grain ingredients first on the label’s ingredient list: brown rice, bulgur, whole grain barley, graham flour, oatmeal, whole grain corn, whole oats, whole rye, whole wheat, or wild rice.

Milk, cheese, and yogurt provide nine essential nutrients, including calcium, potassium, vitamin D, and protein. These nutrients help build and maintain bone mass and may reduce risk for the bone-thinning disease osteoporosis. Potassium also helps regulate the body’s fluid balance and maintain healthy blood pressure. Choose fat-free or low-fat milk, yogurt, and other milk products most often. Other sources of calcium include dark leafy greens and some types of legumes. At this time, the optimal intake of calcium is not clear, nor is the optimal source or sources of calcium.

Meat and beans provide important nutrients such as protein, B vitamins, iron, and zinc needed to boost the immune system, build and repair muscle, fuel activity, and help your brain function. They also provide vitamin E and potassium for a healthy heart. Choose lean meats and skinless poultry. Vary your protein choices with fish, beans, eggs, nuts, and seeds.
Choose cooking oil that is high in unsaturated fats. Some good choices are:

- Canola
- Olive
- Soybean
- Corn
- Peanut
- Sunflower
- Cottonseed
- Safflower

**Go slow with solid fats**, which are solid at room temperature and occur as saturated fats or *trans* fats. Saturated fats are found in animal foods, as well as many baked goods such as pastries, cookies, and pies. Most of them raise both “bad” and “good” cholesterol.

**If you need to lose weight**, aim for a slow, steady weight loss by decreasing calorie intake while maintaining an adequate nutrient intake and increasing physical activity. Consult a health care provider about weight-loss strategies prior to starting a weight-reduction program to ensure appropriate management of other health conditions.

Reduce the incidence of cavities by practicing good oral hygiene and consuming fewer sugar- and starch-containing foods and beverages.

Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

For more information about senior nutrition, nutrient-rich foods, and information on the American Dietary Guidelines, visit the USDA National Agricultural Library at [fnic.nal.usda.gov/lifecycle-nutrition/aging](http://fnic.nal.usda.gov/lifecycle-nutrition/aging).
**QUESTION:**
Should I talk to my doctor about the herbal supplements and vitamins that I am currently taking?

**ANSWER:**
While taking vitamins may help you maintain a well-balanced diet, it is crucial that you talk with your doctor about the kinds of dietary and herbal supplements that you are currently taking. Your physician should be able to help you determine what nutrients, if any, are missing from your diet. Most supplements are not regulated by the Food and Drug Administration, and mixing them with prescription medications may be harmful to your health (see Medication Management).

For additional information on food and nutrition programs, contact your Aging and Disability Resource Center, or call the Elder Helpline toll-free at 1-800-96-ELDER (1-800-963-5337).

**QUICK FACT:**
If you choose to drink alcoholic beverages, do so sensibly and in moderation – defined as the consumption of no more than one drink per day for women and no more than two drinks per day for men.
FOOD AND SAFETY

As we age, our defense mechanism, or immune system, loses some of its ability to ward off infections or diseases. Although the potential for contracting food-borne illnesses exists with everyone, older adults have a higher risk than most other age groups. The United States Department of Agriculture (USDA) and the Food and Drug Administration (FDA) have established food safety guidelines to help elders reduce their risk of contracting food-borne illnesses.

A food-borne illness is a disease that is carried or transmitted to people by food. Food-borne illnesses can occur from different types of bacteria, molds, fungi, viruses (collectively called microorganisms), chemicals, or foreign objects in food. Contaminants may enter the food at any stage of preparation. Microorganisms multiply rapidly between 40ºF and 140ºF (the danger zone).

QUESTION:
What foods are considered potentially hazardous foods?

ANSWER:
Foods that can be considered potentially hazardous include food of animal origin that is raw or heat-treated (such as eggs, milk, meat, and poultry); food of plant origin that is heat-treated (including cooked rice, cooked potatoes, and cooked noodles); raw seed sprouts; cut melons (including watermelon, cantaloupe and honeydew); and garlic and oil mixtures.

It is recommended to keep potentially dangerous foods below 41ºF or above 140ºF, and to use good cleaning techniques when preparing food in your home. Adhere to the guidelines listed below to prevent food-borne illness.

Clean:
Wash your hands and food preparation surfaces often. Microorganisms can spread throughout the kitchen and get onto cutting boards, knives, sponges, and countertops.

1. Wash hands in hot soapy water before preparing food and after using the bathroom, changing diapers, and handling pets. For best results, use warm water to moisten hands, apply soap, and rub hands together for 20 seconds before rinsing thoroughly.

2. Wash cutting boards, knives, utensils, and countertops in hot
soapy water after preparing each food item and before going on to the next one.

3. Use plastic or other nonporous cutting boards. Cutting boards should be run through the dishwasher – or washed in hot soapy water – after each use.

4. Consider using paper towels to clean up kitchen surfaces. If you are using cloth towels, wash them often in the hot cycle of the washing machine.

**QUICK FACT:**
Hand washing is the single most effective means of preventing the spread of microorganisms that can cause infections and food-borne illness.

**Separate:**
Do not cross-contaminate. Cross-contamination is how microorganisms spread from one food product to another. Keep raw meat, poultry, and seafood, as well as their juices, away from ready-to-eat foods.

1. Separate raw meat, poultry, and seafood from other foods in the grocery cart.

2. Store raw meat, poultry, and seafood on the bottom shelf of the refrigerator so juices do not drip onto other foods.

3. If possible, use one cutting board for raw meat products and another for salads and other foods that are ready to be eaten.

4. Always wash cutting boards, knives, and other utensils with hot soapy water after they come in contact with raw meat, poultry, and seafood. Then sanitize with a solution of 1-teaspoon liquid chlorine bleach per quart of water.

5. Never place cooked food on a plate that previously held raw meat, poultry, or seafood unless it has been run through the dishwasher or washed thoroughly in hot, soapy water and sanitized.
Cook:
Cook to proper temperatures. Foods are properly cooked when they are heated for a long enough time and at a high enough temperature to kill the harmful microorganisms that cause food-borne illness.

1. Use a meat thermometer, which measures the internal temperature of cooked meat and poultry, to make sure the meat is cooked all the way through.

2. Cook roasts and steaks to at least 145ºF. Cook pork to 160ºF and poultry to 165ºF.

3. Cook ground beef to at least 160ºF. Do not depend on color changes to indicate safety! Ground beef may turn brown before it has reached a temperature at which microorganisms are destroyed. Information from the Centers for Disease Control and Prevention (CDC) links eating undercooked ground beef with a higher risk of illness.

4. Cook eggs until the yolk and white are firm, not runny. Do not use recipes in which eggs remain raw or only partially cooked.

5. Cook fish until it is opaque and flakes easily with a fork.

6. Make sure there are no cold spots in food (where microorganisms can survive) when cooking in a microwave oven. For best results, cover food, stir, and rotate for even cooking. If there is no turntable, rotate the dish by hand once or twice during cooking.

7. Bring sauces and gravy to a boil when reheating. Heat other leftovers thoroughly to 165ºF.

**QUICK FACT:**
Using a cooking thermometer will ensure that food you cook or cool are at the correct temperatures.

**QUICK FACT:**
Microorganisms multiply rapidly between 40ºF and 140ºF.
**Chill:**
Refrigerate foods promptly. Cold temperatures keep most harmful microorganisms from growing and multiplying. Public health officials recommend setting the refrigerator at 34ºF to 38ºF and the freezer unit at 0ºF, occasionally checking these temperatures with an appliance thermometer.

1. Refrigerate or freeze perishables, prepared food, and leftovers within two hours.

2. Never defrost (or marinate) food on the kitchen counter. Use the refrigerator, cold running water, or a microwave oven.

3. Divide large amounts of leftovers into small, shallow containers for quick cooling in the refrigerator.

4. With poultry and other stuffed meats, remove the stuffing and refrigerate it in a separate container.

5. Do not pack the refrigerator. Cool air must circulate to keep food safe.

The symptoms of a food-borne illness are much like the symptoms of the flu and may include vomiting, diarrhea, stomach cramps, fever, headache, joint ache, and dizziness.

It can take as little as a few minutes or as long as several days to develop a food-borne illness, and illnesses can last from several hours to several days, sometimes causing death. To help prevent injury or spread of the disease to others, you should retrace your most recent meals and try to isolate the time and eating activity that made you sick.

If you think you have contracted a food-borne illness, contact your doctor or local health department, and seek prompt medical attention.
QUESTION:
What other resources are available for information on food handling and safety?

ANSWER:
The federal government sponsors several national food safety initiatives.

To learn more about proper food handling and safety, contact the U.S. Food and Drug Administration, the American Dietetic Association, or the Food Safety and Inspection Service.

For additional information on food safety, contact your doctor or local health clinic, or call the FDA Center for Food Safety and Applied Nutrition Information Line at 1-888-723-3366.
FOOT CARE

Poor circulation, wearing improperly fitted shoes, and certain diseases can be hard on older feet. Foot problems can also be a sign of more serious medical conditions, such as diabetes, arthritis, and circulatory disorders. Practicing good foot care is critical to maintaining healthy feet.

Corns, calluses, and bunions are the most common foot problems experienced by older adults. Corns and calluses develop when the bony parts of your feet rub against your shoes. Sometimes something as simple as wearing a different pair of shoes can reduce pain caused by corns and calluses.

Bunions form when the joints in your big toe stop fitting together and become swollen and tender. Wearing shoes with plenty of room at the toe, taping your foot or wearing pads to cushion the bunion may help to reduce your pain. Anti-inflammatory drugs and cortisone shots to ease pain caused by bunions may also be prescribed.

QUESTION:
What can I do to prevent or reduce problems with my feet?

ANSWER:
Check your feet regularly, or have a family member check them for you.

You can also help prevent foot problems by stretching, putting your feet up while sitting, avoiding shoes that do not fit right, and walking to improve circulation.

For additional information on foot care, contact your doctor or the American Orthopedic Foot and Ankle Society at 206-223-1120.
FOOT CARE FOR PATIENTS WITH DIABETES

If you have diabetes, you must give special attention to your feet on a daily basis. The high blood sugar level associated with diabetes can result in both blood vessel and nerve damage. The presence of nerve damage and poor blood circulation is a dangerous combination for people with diabetes.

Nerve damage in the legs or feet may cause a diabetic not to feel pain, heat, or cold. Poor blood circulation may cause sores not to heal and become infected. If a sore, cut, or bruise to the foot is untreated and becomes infected, gangrene could set in and require that the foot be amputated.

Diabetes is the leading cause of amputation of the lower limbs. It is estimated that nearly half of the diabetes-related amputations could be prevented with effective foot care practices.

QUESTION:
I am diabetic and sometimes do not have any feeling in my feet. Should I get special shoes?

ANSWER:
See your doctor for footwear recommendations.

To reduce your risk of serious medical complications, always seek immediate medical attention when you sustain cuts, bruises, blisters or any ailment in the foot. People with diabetes tend to underestimate pain and often ignore their foot condition. This neglect may result in more serious medical complications.

For additional information on foot care, contact your doctor or the American Orthopedic Foot and Ankle Society at 206-223-1120.
Health rehabilitation therapies consist of a series of prescribed exercises, activities, treatments, and/or trainings that are designed to restore a person’s lost or impaired skills or body functions. Therapy treatments usually integrate the use of medical equipment and assistive devices to aid recovery.

Elders may require rehabilitative therapy as a result of injuries, debilitating illnesses, or disease. Impairments resulting from strokes, heart attacks, falls/accidents, or surgery would likely require intense rehabilitative therapy of some type. Three principal types of therapies are applied to help elders regain their independence and functionality: physical, occupational, and speech therapy.

**Physical therapy**

Physical therapy emphasizes the strengthening of impaired muscle and skeletal functions. A physical therapist treatment plan for an elder with a bone fracture might include training on how to use crutches and shift weight. For other injuries, a physical therapist might emphasize range-of-motion exercises or massages to promote strength and mobility. Physical therapy also teaches ways to control pain without medication.

**Occupational therapy**

Occupational therapy focuses on restoring or enhancing a person’s ability to function in a home, work, or self-care environment through education and treatment techniques. An occupational therapist may help individuals learn new ways to cook, groom, and conduct other activities of daily living in order to adapt to changes in the person’s ability to do these common tasks.

Elders are usually in need of occupational therapy during periods when their mobility is limited. Arthritis is one common condition that restricts activities of daily living. Elders with severe arthritis have difficulty performing simple tasks. The occupational therapist helps the patient relearn lost basic skills and learn new skills.

**Speech therapy**

Speech therapy concentrates on evaluating and treating individu-
als with voice, speech, language, swallowing, or hearing disorders. Special attention is given to elders whose abilities to speak and/or eat are affected. The goal of the speech therapist is to help a patient function at his or her highest level. Speech therapists are generally used after an elder suffers a stroke or seizure. Often stroke victims must be retrained on how to speak, beginning with syllabic pronunciations.

**QUESTION:**
How effective are health rehabilitation therapies in aiding recovery?

**ANSWER:**
Studies have shown that people have the best chance of recovery when they are actively engaged in health rehabilitation therapy programs.

For additional information on rehabilitative therapies, contact your doctor or local health clinic, or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).
HEARING PROBLEMS

According to the Institute on Deafness and Other Communication Disorders, approximately 25 percent of Americans age 65 to 74 and 50 percent of those who are 75 and older experience hearing loss. Hearing loss can have a profound impact on an individual’s emotional, physical, and social well-being. Research has shown that people with hearing loss are more likely to have symptoms of depression and poorer health, and to withdraw from social activities.

The most common condition causing hearing loss in adults is presbycusis, a gradual, age-related reduction in the ability to hear high-pitched sounds. The second most common condition, noise-induced hearing loss, is caused by exposure to extremely loud sound over long periods of time.

The Florida Telecommunications Relay, Inc. (FTRI) is among the agencies and nonprofit organizations serving persons who are deaf or hard of hearing. FTRI provides amplified telephones for Floridians who are deaf, hard of hearing, deaf/blind, or speech impaired, enabling them to communicate over the phone. FTRI loans their telephone equipment and ring-signaling devices to all qualified residents at no charge for as long as they are needed.

QUESTION:
Should I consider a hearing device to improve my hearing?

ANSWER:
If you are having trouble hearing, your doctor may suggest that you consider using a hearing aid, which is a small device placed in your ear to make hearing easier. While not required, it is strongly recommended that you take a hearing exam and consult with your doctor before purchasing any type of hearing device.

For additional information on hearing loss screening programs in your area, contact your local Aging and Disability Resource Center. Please refer to the County Organizations pages of the Resource Directory in this guide for those counties served by organizations that provide services to persons who are deaf or hard of hearing. For more information about FTRI services, refer to the organization’s website ftri.org, or call 1-800-222-3448 or 1-888-447-5620 (TTY).
HEART DISEASE

Millions of older Americans are affected by heart disease each year. The elderly are more likely to have coronary heart disease, which manifests itself as a heart attack or chest pain. Coronary heart disease is more debilitating than other types of heart disease. Heart attacks, strokes, and high blood pressure are all cardiovascular diseases.

Coronary heart disease is caused by a narrowing of the coronary arteries, which leads to a decreased supply of blood and oxygen in the heart. A family history of heart attacks can increase your risks of heart disease. High blood pressure, high cholesterol, and obesity are also risk factors for heart disease. Studies have suggested that diabetes can also be a risk factor for this disease. Lack of physical activity, as well as extensive alcohol and tobacco use, can also increase a person’s risk of heart disease.

QUESTION:
There is a history of heart disease in my family. How can I minimize my risks of chronic heart disease?

ANSWER:
Heart disease can be controlled and managed with certain lifestyle changes.

Eating a balanced diet, getting moderate amounts of exercise, controlling stress, and managing your blood pressure and cholesterol levels are keys to reducing the risks of contracting heart disease.

For additional information on heart disease, contact your doctor, local health clinic, or the American Heart Association at 1-800-242-8721.

QUICK FACT:
Not all signs occur in every heart attack. If some occur, do not wait. Get help quickly!
HIGH BLOOD PRESSURE (HYPERTENSION)

High blood pressure is a major health problem for many older Americans. If undiagnosed and untreated, high blood pressure can cause strokes, heart disease, and kidney failure. High blood pressure has often been called the silent killer, because many people have it for years without knowing it.

Blood pressure is determined by the amount of blood your heart pumps and the amount of resistance to that blood as it is flowing through your arteries. Two numbers determine your blood pressure. The top number represents your systolic pressure (the amount of pressure present when the heart beats) and the bottom number represents your diastolic pressure (the amount of pressure present while the heart rests between beats).

High blood pressure is usually discovered during a routine physical examination. Diagnosing high blood pressure involves measuring your blood pressure over a few weeks or months to see if your readings remain high. Have your doctor check your blood pressure during each visit.

**QUESTION:**
What constitutes a normal systolic and diastolic blood pressure reading?

**ANSWER:**
A systolic reading of less than 130 and a diastolic reading of less than 85 are considered normal.

You can do a free self-check of your blood pressure at most supermarkets and pharmacies.

For additional information on high blood pressure, contact your doctor, local health clinic, or the American Heart Association at 1-800-242-8721.

**QUICK FACT:**
To control and prevent high blood pressure, maintain a healthy weight, exercise, learn to manage stress, and limit tobacco and alcohol use.
**HORMONE REPLACEMENT THERAPY**

Many postmenopausal women use Hormone Replacement Therapy (HRT). Prescribed to treat the symptoms of menopause, such as hot flashes, night sweats, sleeplessness, and skin dryness, hormones may also be prescribed to prevent long-term conditions such as osteoporosis. Most doctors now suggest that HRT should be prescribed at the lowest dose that works and its use reevaluated every six months.

Hormone replacement therapy can consist of estrogen by itself or a combination of estrogen and progestin. The latest research into the use of combination therapy has shown that the overall risks, such as increased breast cancer risk, may exceed the benefits. In addition, it has been concluded that women should not start or continue taking this type of HRT to prevent heart disease. The overall effects of using estrogen alone in postmenopausal women are less clear. The patient should discuss this, and all medication use, with her doctor. If you are taking HRT to reduce menopausal symptoms, be aware that there are other medications that can be used to treat these conditions. All medications carry risks and should be discussed with your doctor.

**QUESTION:**
How do I know if I am taking the combination hormone therapy or just estrogen?

**ANSWER:**
Ask your doctor or pharmacist about your prescription.

For more information, contact your doctor or the National Institute of Health at 301-496-4000, or online at [nih.gov](http://www.nih.gov). You may also contact the U.S. Food and Drug Administration at 1-800-994-9662 (or 1-888-220-5446 for the hearing impaired) or online at [womenshealth.gov](http://www.womenshealth.gov).
IMMUNIZATIONS/VACCINATIONS

Booster shots are not just for children. Adults also need to be immunized in order to protect themselves against serious infectious diseases. The Centers for Disease Control and Prevention (CDC) strongly encourages older adults to be immunized against certain infectious diseases, including influenza, pneumonia, tetanus, diphtheria, measles, mumps, and rubella.

Influenza (flu) is usually a mild disease in healthy children, young adults, and middle-aged people, but it can be life threatening to older adults. Pneumonia is a serious infection that affects the lungs. The CDC recommends that people age 65 and older get both pneumonia vaccines and flu shots.

QUESTION:
What should I do if I can’t remember how long it has been since my vaccine shots have been updated?

ANSWER:
Your medical records should list the dates of your immunizations. It is helpful to keep a personal immunization record with the types and dates of shots you have received.

Consult your health care provider in order to determine how long it has been since you received your booster shots.

Contact your Aging and Disability Resource Center to get more information on immunization programs in your area. Other contacts include your doctor, local health department, or the Centers for Disease Control and Prevention at 1-800-232-4636.

QUICK FACT:
Under the Social Security Act, Medicare covers both pneumonia and influenza vaccine services. Approval from your physician is not required.
**KIDNEY (RENAL) PROBLEM**

26 million American adults suffer from chronic kidney failure, according to the National Kidney Foundation. Over time, chronic kidney failure can lead to congestive heart failure, weak bones, stomach ulcers, and damage to the central nervous system.

The kidneys are sophisticated trash collectors. Their main function is to eliminate excess fluid and waste material from your blood. The kidneys also help control blood pressure. The waste and extra water become urine, which flows to your bladder, where it is stored until you use a restroom. When your kidneys lose this filtering ability, dangerous levels of fluid and waste accumulate in your body and cause kidney (renal) failure.

Chronic renal failure develops slowly, with few symptoms present in its early stages. Acute kidney failure occurs when the kidneys suddenly stop filtering waste products from your blood. End-stage renal disease occurs when the kidneys are functioning at less than 10 percent capacity. People at end-stage renal disease must have dialysis treatments or a kidney transplant in order to stay alive. Dialysis is an artificial way of removing waste products and extra fluid from the body when your kidneys are no longer able to do so on their own.

**QUESTION:**
How prevalent is kidney failure among those of us who are age 60 and older?

**ANSWER:**
According to the U.S. Renal Data System, the elderly represent the fastest growing age group suffering from end-stage renal disease. End-stage kidney disease can be diagnosed through blood and urine tests.

To reduce your risk of kidney failure, take steps to control diabetes and high blood pressure, limit consumption of alcohol, and monitor your use of over-the-counter pain medications.

For additional information on kidney diseases, contact your doctor, local health clinic, or the National Kidney Foundation at 1-800-622-9010 or visit the website at kidney.org.
LONELINESS, ISOLATION, AND DEPRESSION

Feeling blue for a long period of time is not a normal part of aging. There are many reasons why depression is often missed or untreated in older adults. Unfortunately, there are also many reasons that seniors have feelings of depression, loneliness, or isolation. Studies show that the most common causes of depression in seniors relate to the loss of a loved one and the onset of a serious illness. For additional causes of depression visit patient.co.uk/health/depression-in-older-adults.

How do you know when you need help? Sometimes depression can hide behind a smile. If you live alone and tend to feel better briefly when someone stops by to say hello, or during a visit to the doctor, you may be hiding your true feelings behind a smile. Consider seeking help if severe feelings of loneliness and isolation disappear during these times but return within a few hours.

Be aware that some doctors may not fully understand aging and depression or related treatment options. Do not be afraid to seek help somewhere else if your doctor does not appear to take your concerns about depression seriously.

QUESTION:
When should I worry about being depressed?

ANSWER:
Consider seeing your doctor if your feelings of loneliness and isolation worsen or do not improve after several weeks, or if family or friends show concern about you.

For additional information on depression, contact your doctor, a health care provider, or the National Institute of Mental Health at 1-866-615-6464 or online at nimh.nih.gov.
MAMMOGRAMS

As women get older, their risk of breast cancer increases. According to the American Cancer Society, three-fourths of all breast cancer cases occur in women age 50 and older. Cancer can be described as the uncontrolled growth and spread of abnormal cells in the body. Studies indicate that breast cancer is the second most common form of cancer in women, after skin cancer.

Mammography is the most effective way to find breast cancer at its earliest stage. A mammogram consists of two x-rays of each breast. The amounts of radiation produced by mammograms are extremely low. The American Cancer Society recommends that all women age 40 and older have a mammogram once a year.

Research has shown that when breast cancer is found early, the chances of successful treatment are significantly increased.

QUESTION:
What should I do if I cannot afford to pay for a mammogram?

ANSWER:
You can still get help. Mammograms are covered under Medicare for those who qualify. Check with your doctor or health care provider to determine if low-cost screenings are available for you.

For additional information on breast cancer programs, contact your local Aging and Disability Resource Center. To learn more about mammograms and treatment options, contact your doctor, local health clinic, or the American Cancer Society at 1-800-227-2345.

QUICK FACT:
According to the American Cancer Society, more than 85 percent of breast cancers are diagnosed in women who have no prior family history of the disease.
MEDICATION MANAGEMENT

Americans age 65 and older take more medicine than any other age group in the country. Because seniors are more likely to have multiple conditions at the same time, many seniors take different kinds of medication on a regular basis. It is important to learn how to properly manage medications in order to prevent further illness or death.

Over-the-counter medicines like vitamins, herbal supplements, laxatives, antacids, and cold medicines should be taken carefully to avoid adverse reactions when they combine with prescription drugs. You should keep a list of all medicines that you take and review it with your doctor during each visit.

Check labels for directions on how to take your medicines regularly. Check expiration dates, and properly dispose of all expired medicines. Responsible medication management starts with letting your doctor know what over-the-counter medicines you are taking. He or she will then tell you if it is safe to take those medicines together with prescribed medications.

QUESTION:
Who can help me figure out the best way to manage my medications?

ANSWER:
Talking with your doctor, health care provider, or pharmacist is one of the best ways to get help with managing your medications.

For additional information on medication management programs, contact your local Aging and Disability Resource Center, or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).
PARKINSON’S DISEASE

Almost 1 million Americans currently live with Parkinson’s disease. People with Parkinson’s often experience trembling, muscle tightness, difficulty walking, and problems with balance and coordination. While Parkinson’s disease can affect people of different ages and ethnic backgrounds, it is most commonly diagnosed between the ages of 55 and 60. More than half of those living with Parkinson’s disease in this country are age 65 and older.

Parkinson’s disease is a debilitating disorder that affects the nerve cells (neurons) in the part of the brain that controls muscle movement. These nerve cells produce a neurotransmitter called dopamine, which is responsible for allowing the brain to generate signals for smooth, well-regulated motor muscle functions. In those diagnosed with Parkinson’s disease, cells that produce dopamine have stopped replicating and have begun to die. Research indicates that as much as 80 percent of these cells have already been lost at the point most people are diagnosed with Parkinson’s disease.

Although Parkinson’s disease is progressive (symptoms tend to worsen over time), many people have long years of productive living after being diagnosed. There is currently no cure for Parkinson’s disease, but its effects can be controlled through prescription medicines, physical therapy, and speech therapy. Parkinson’s disease can be difficult to diagnose since no definitive tests exist for detection, particularly in the early stages.

If you have any of the common symptoms, you should contact your doctor to discuss treatment options for Parkinson’s disease.

**Symptoms of Parkinson’s Disease**

- Resting tremor
- Slow movement
- Rigidity
- Impaired balance and coordination
QUESTION:
What are some of the risk factors associated with Parkinson’s disease?

ANSWER:
Age is one of the main risk factors for Parkinson’s disease. Although the disease can affect adults as early as their late 20s, it usually develops during middle age or during the later years of life. Other risk factors for Parkinson’s disease include heredity, over-exposure to pesticides and herbicides, reduced estrogen levels, and a reduction of folic acid in the diet.

For additional information on Parkinson’s disease, contact your doctor, local health clinic, or the National Parkinson Foundation at 1-800-473-4636 or online at parkinson.org.
PRESCRIPTION ASSISTANCE

Prescription drug medications are prescribed every day to millions of our nation’s elderly. Many of these medications allow individuals to maintain a more independent lifestyle. An elder’s quality of life may depend on whether he or she takes medications on a regular basis. However, many elders find that medication costs are not adequately covered by their health insurance plans.

Consumers can find help with the high cost of prescription medications by contacting the SHINE (Serving Health Insurance Needs of Elders) program.

**SHINE** Volunteer SHINE counselors provide free counseling to review prescription assistance available to eligible consumers. Programs and services available may include Medicare savings programs, state or federal assistance programs, or information on the Medicare Prescription Drug Benefit. SHINE volunteer assistance is unbiased, and consumer information is kept confidential.

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<thead>
<tr>
<th>Ways to Get Prescription Drug Assistance</th>
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<td>• Discount drug cards (issued by pharmaceutical companies)</td>
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<td>• Free samples (provided by your doctor)</td>
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<td>• State-sponsored programs</td>
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<td>• County health clinics</td>
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<td>• Non-profit organizations</td>
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**Medicare Prescription Drug Benefit** Since 2006, the Medicare Prescription Drug Benefit has been available to all Medicare consumers. This benefit, also referred to as Medicare Part D, is one of many changes brought about by the Medicare Modernization and Improvement Act of 2003. Some 3 million Medicare consumers in Florida have access to prescription drug benefits through Medicare. Enrollment in this benefit is voluntary and provides at least two options to consumers: a Prescription Drug Plan (PDP) or a Medicare Advantage Plan with prescription drug coverage (MA-PD), including new Regional PPO (Preferred Provider Organization) plans.
Florida Discount Drug Card  The Florida Discount Drug Card Program is designed to lower the cost of prescriptions for Florida residents who have no drug insurance coverage. You may qualify if you are age 60 or older, or if you are younger than 60 with a total family income of less than 300 percent of the Federal Poverty Level. For more information regarding the Florida Discount Drug Card, please call 1-866-341-8894 (TTY: 1-866-763-9630) or online at floridadiscountdrugcard.com.

For more information about the Medicare Prescription Drug Benefit or other prescription assistance available to you, contact the SHINE program by calling the Elder Helpline at 1-800-96-ELDER (1-800-964-5337).
PROSTATE SCREENINGS

Research indicates that prostate problems are common in men age 50 and older. Not all men experience symptoms that would lead to the discovery of a prostate problem. Most problems are discovered through routine medical exams.

According to the American Cancer Society, prostate-specific antigen (PSA) screenings combined with digital rectal exams are the best method for detecting prostate cancer in men. A PSA screening is a blood test to measure the protein made by the prostate. The higher the PSA level when tested, the more likely the presence of cancerous cells in the prostate.

Because other prostate problems can cause high PSA levels, this test should be followed by a digital rectal exam. During this exam, the doctor will probe the prostate to feel for any irregular or abnormally firm areas that may be cancerous. This exam requires a minimal amount of time to complete and is not painful.

QUESTION:
When should I be tested for prostate cancer?

ANSWER:
Men in high-risk groups, African-Americans and those with a family history of prostate cancer, should be screened yearly after age 45. All men age 50 and older should be screened annually as well.

For additional information on prostate cancer screenings, contact your doctor or local health clinic, or call the American Cancer Society at 1-800-227-2345 or online at cancer.org.

QUICK FACT:
According to the Prostate Cancer Foundation, about 60 percent of all prostate cancers are diagnosed in men over the age of 65 and 97 percent occur in men 50 years of age and old.
PUBLIC HEALTH CLINICS (COUNTY HEALTH DEPARTMENTS)

If you need medical care, have no insurance, and are unable to pay for needed services, you should go to your county health clinic. County health departments provide most of the public health services in Florida. Services are provided to everyone living within a clinic’s service area. Most individuals who use health clinics do not have a private physician.

A sliding scale is used during intake to determine your ability to pay. If your household income falls below the federal poverty level, or if you are unable to pay, there will be no charge for services. Public health clinics provide preventive and primary care, including physician care, medical tests, and immunizations. Care is provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease. Prescription drugs may be available at some clinics. Dental screenings are offered on a limited basis at a few clinics as well. Clinics do not deny services for tuberculosis, sexually transmitted diseases, or HIV/AIDS screening.

QUESTION:
As an elder with limited means, where can I obtain health care services in my community?

ANSWER:
You may apply for health care services from a county health clinic by calling and scheduling an appointment.

For information about public health departments and clinics, call the Florida Department of Health at 850-245-4444, or consult your local telephone directory for the county health clinic nearest you.

QUICK FACT:
Public health units protect the population by monitoring and regulating activities that may contribute to the occurrence or transmission of disease.
SEXUALLY TRANSMITTED DISEASES

Commonly referred to as “STDs,” sexually transmitted diseases are a contagious class of bacterial and viral infections (including: Bacterial Vaginosis, Chancroid, Chlamydia, Gonorrhea, Hepatitis, Herpes, Human Papilloma Virus (HPV), Pelvic Inflammatory Disease, Syphilis, and Vaginitis). These diseases often co-occur with each other and with other health conditions in older adults, and require prompt medical attention or they can progress to result in serious health consequences.

Older adults are often overlooked as a risk group for sexually transmitted diseases; however, incidence rates in adults over the age of 55 are rising each year. The Florida Department of Health’s (DOH) most recent estimates document over a thousand people over the age of 55 with new diagnoses of infection with one or more of the tracked STDs in 2012. Compared with other states, Florida has high rates of Chlamydia infections and is one of the top ranking states for new diagnoses of HIV. Some groups of seniors are at a particularly high risk for these diseases. For example, more than 75 percent of adults infected with Hepatitis C are baby boomers (people born from 1945 through 1965), many of whom may have had the disease for decades without realizing it. The Centers for Disease Control recommends that seniors get tested, even if they do not have current symptoms. Being tested can help people learn if they are infected and get them into lifesaving care and treatment.

There are many ways to get answers to your questions about STDs. If you would like to be tested, you contact your regular healthcare provider or contact your county health department. DOH works with local providers to provide screening, counseling, treatment, and optional partner notification services for those infected with STDs. Local clinical services are provided to Floridians and visitors, alike, and are available to anyone who seeks STD care. Clinic sites are located in every county in Florida and offer services at a reasonable and/or no-cost basis. All clients are assured confidential clinical services by Florida Law.
HIV Among Older Americans

• People age 55 and older accounted for 19% (217,300) of the estimated 1.1 million people living with HIV infection in the United States in 2010.

• In 2011, people age 50 and older accounted for 24% (7,771) of the estimated 32,052 AIDS diagnoses in the United States.

• Older Americans are more likely than younger Americans to be diagnosed with HIV infection later in the course of their disease.

• In 2010, HIV was the 10th leading cause of death among men and women aged 50-54.

• Of the estimated 19,343 deaths among people living with diagnosed HIV infection in the United States, 10,244 (53%) were among people age 50 and older in 2010.

For additional information, contact the Florida Department of Health by calling 850-245-4444 or emailing health@flhealth.gov.
SKIN AND AGING

Prolonged exposure to sunlight takes a toll on our skin as we age. Over time, the sun’s ultraviolet (UV) rays break down elastic fibers in skin, making it harder for the skin to stay in place. Invariably, wrinkles form as a result of this process and the pull of gravity.

Dry skin around the elbows, lower legs, and forearms is a common problem for older adults. Low humidity (a lack of moisture in the air) contributes to dry or itchy skin. Dehydration, sun exposure, and stress may also cause dry skin. Having dry or itchy skin can affect your sleep and cause you to be irritable, or it can be a sign of a disease. In some people, itchy skin is a side effect of diabetes or kidney disease.

Overexposure to UV rays from the sun can cause skin cancer. Research suggests that people who live in areas of the country that get high levels of UV radiation year-round – such as Florida – are more likely to get skin cancer. There are three common types of skin cancer: basal cell carcinomas, squamous cell carcinomas, and melanoma.

Basal cell carcinomas are slow-growing cancers that normally do not spread to other body parts. They account for more than 90 percent of all skin cancers in the United States. Squamous cell carcinomas are not as common as basal carcinomas, but they tend to spread more often. Melanoma is the most dangerous form of skin cancer, often spreading to other organs in the body. Melanoma cancers can be fatal.

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<th>Skin Cancer Risk Factors</th>
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<tr>
<td>• Fair complexion</td>
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<td>• Excessive exposure to sun</td>
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<tr>
<td>• Severe sunburn as a child</td>
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<tr>
<td>• Multiple atypical moles</td>
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<td>• Family history</td>
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Both basal and squamous cell carcinomas are associated with areas of the body most frequently exposed to sun radiation. These areas include the face, neck, hands, and arms. Skin cancer can appear anywhere, so make sure you see your doctor if you suspect a problem.
QUESTION:
I enjoy taking my grandchildren to the beach. How can I minimize my exposure to harmful UV rays?

ANSWER:
You can do several things to minimize your exposure to UV rays. Limiting your time in the sun, using sunscreen, and wearing protective clothing will all help protect your skin from the sun.

For additional information on skin cancer, contact your doctor, local health clinic, or the American Cancer Society at 1-800-227-2345 or cancer.org.

QUICK FACT:
The American Cancer Society recommends that people age 40 and older have a cancer related check-up, including a skin examination, annually.
SLEEP DISORDERS

Many older adults are unable to enjoy a good night’s sleep on a regular basis. According to the National Sleep Foundation, older adults who suffer from chronic medical conditions are more likely to experience problems falling asleep. Over time, failure to get enough sleep can lead to serious health problems.

Sleep apnea, restless legs syndrome, periodic limb movement disorder, and advanced sleep phase syndrome affect a majority of seniors. Sleep apnea is an involuntary pause in breathing while sleeping. This is the most common sleeping disorder for older adults. Obstructive sleep apnea occurs when air cannot flow in or out of the mouth or nose. Central sleep apnea occurs when the brain sends the wrong signals and breathing muscles quit working.

The continuous movement of the legs while other parts of the body are resting is known as restless legs syndrome. Periodic limb movement disorder happens when jerky leg movements wake the sleeper off and on throughout the night. While leg movements are involuntary in both diseases, movements last longer with restless legs syndrome sufferers.

Advanced sleep phase syndrome is when the largest sleep time occurs earlier than desired, leaving the patient unable to stay awake in the early evening and unable to stay asleep in the very early morning. Some consequences of this disorder include having to cut short social engagements due to the need for sleep, and excessive drowsiness while driving at night.

Most sleeping disorders are treatable. Following a regular schedule (getting up and going to bed at the same time) can help regulate problems with falling asleep. Trying to sleep less during the day can also help make it easier for you to fall asleep at night. Watching what you eat by limiting caffeine, alcohol, and tobacco use can also help improve your chances of sleeping as well.
QUESTION:
I have not been sleeping well for the past week. When should I consult with my doctor to find out if I might have a sleeping disorder?

ANSWER:
If your sleeping problems last more than two to three weeks, you should see your doctor. Your doctor may refer you to a sleep specialist if needed.

For additional information on sleeping disorders, contact your doctor or local health clinic. Other sources of information include the National Sleep Foundation at 703-243-1697 or online at sleepfoundation.org and the American Sleep Apnea Association at 888-293-3650 or online at sleepapnea.org.
STRESS MANAGEMENT

Stress is an automatic physical reaction you feel when faced with an unpleasant or threatening situation. While it is common knowledge that stress is a problem for teens, young adults, and their parents, it is not as well understood that seniors also feel stress. Uncontrolled levels of stress can negatively affect seniors in many ways and complicate existing age-related diseases.

Even though stress can be hard to deal with, it is important to learn stress management techniques in order to avoid health problems. Studies show that stress can contribute to high blood pressure, heart disease, headaches, and digestive problems.

Major sources of stress in seniors include dealing with retirement, changes in living situations, financial worries, losing spouses and friends, losing independence, and fear of rejection or abandonment by loved ones. After the loss of a spouse, many seniors fear living alone. You may want to ask your local law enforcement officers to extend their patrol to your neighborhood if you feel unsafe in your home.

You can manage stress by keeping a positive attitude, increasing social activities, and maintaining a healthy lifestyle with diet and exercise. It is also important to resolve issues quickly before they escalate into a traumatic event.

Seeking help is not a sign of weakness. Sources of help include spiritual leaders, doctors, professional counselors, senior services groups, health departments, and clinics.

What You Can Do To Reduce Stress

• Talk to friends and family members
• Develop new hobbies and new interests
• Exercise frequently
• Learn to relax
• Treat yourself to something you enjoy
For additional information on stress management programs in your area, contact your Aging and Disability Resource Center, or call the Elder Helpline at 1-800-96-ELDER (1-800-963-5337).

QUICK FACT:
Volunteering is a good way to relieve stress. You will gain a better perspective on your problems and make a difference at the same time.
STROKES

Strokes are the third-leading cause of death and the number one cause of adult disability in the U.S. A stroke can be defined as an attack to the brain that occurs when blood circulation to the brain fails. Every year, more than 785,000 people in the United States suffer a stroke. Your risk of stroke increases as you get older.

There are three main types of strokes: thrombotic, embolic, and hemorrhagic. Thrombotic strokes occur when fatty deposits build up in the arteries that carry blood to the brain. Embolic strokes occur when blood clots form in other parts of the body, travel through the bloodstream, and block arteries carrying oxygen to the brain. Hemorrhagic strokes occur when arteries that carry oxygen to the brain break or burst.

A stroke is a medical emergency that should be treated immediately. Treatment during the first few hours after stroke symptoms appear can significantly improve rates of recovery. Stroke rehabilitation can include physical, occupational, and speech therapies (see Health Rehabilitation Therapies).

QUESTION:
What can I do to prevent a stroke?

ANSWER:
You can reduce your risk of stroke by controlling your blood pressure, exercising, maintaining a healthy diet, controlling diabetes, and limiting alcohol and tobacco use.

For additional information on strokes, contact your doctor, local health clinic, or the National Stroke Association at stroke.org or at 1-800-787-6537.

How to Diagnose a Stroke in One Minute
1. Ask person to smile. This checks for one-sided facial weakness
2. Ask person to close their eyes and raise their arms. Stroke patients usually cannot raise both arms to the same height.
3. Ask person to repeat simple sentences. Slurry speech is a sign of stroke.

Warning Signs of a Stroke
- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking, or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or coordination
- Sudden, severe headache with no known cause
TUBERCULOSIS (TB)

Tuberculosis is a chronic bacterial infection that can attack your lungs, central nervous system, muscles, bones, and lymph nodes.

Since 1992, incidences of tuberculosis have been declining. The highest burden of tuberculosis cases continues to be among older adults. In 2013, adults age 65 and older had a case rate of 4.9 cases per 100,000.

Research indicates that almost 90 percent of elders diagnosed with tuberculosis today could have had the bacteria in an inactive form for many years before being diagnosed. Seniors are at higher risk for reactivation of tuberculosis due to weakness in the immune system associated with aging.

Seniors in resident homes and nursing homes are also at risk for acquiring tuberculosis because of group living conditions. Skin tests, chest x-rays, and sputum cultures are used to detect tuberculosis.

**QUESTION:**
What can be done to prevent or treat tuberculosis?

**ANSWER:**
Vaccination shots have been developed to prevent the spread of tuberculosis. Prescription drugs are the best way to treat tuberculosis. Successful treatment requires up to four different medications taken over a period of 6 to 12 months.

For additional information on tuberculosis, contact your doctor or local health clinic. Other resources include the Centers for Disease Control and Prevention at 1-800-232-4636 or online at [cdc.gov](http://cdc.gov).
WEIGHT MANAGEMENT

As we age, the body’s proportion of muscle decreases just as fat increases and begins to account for a greater percentage of our weight. In addition to decreases in muscle mass, metabolism naturally slows with age as well. Since muscle requires more calories to sustain than fat, this combination of reduced muscle mass and slower metabolism means that the number of calories older adults need to survive is reduced.

Research indicates that seniors who do not reduce their caloric intake as they age will most likely gain weight. Too much weight gain can cause a person to become overweight or obese. As weight increases to levels referred to as “overweight” and “obese,” the risks also increase for the following conditions: coronary heart disease, Type 2 diabetes, cancers (endometrial, breast and colon), hypertension (high blood pressure), dyslipidemia (for example, high total cholesterol or triglyceride levels), stroke, liver and gallbladder disease, sleep apnea, respiratory problems, and osteoarthritis (a degeneration of cartilage and its underlying bone within a joint).

Body Mass Index:
Health care professionals use weight tables and formulas to provide guidelines for appropriate weight. Body Mass Index (BMI) is a reliable indicator of total body fat, which is related to the risk of disease and death. The BMI score is valid for both men and women, but it does have some limits. It may overestimate body fat in athletes and others who have a muscular build, or it may underestimate body fat in older persons and others who have lost muscle mass.

The BMI Formula is weight (lbs.) / [height (in.)] ^ 2 x 703 (calculate BMI by dividing weight in pounds (lbs.) by height in inches (in.) squared and multiplying by a conversion factor of 703.

Example: Weight = 150 lbs., Height = 5’5” (65”)

Calculation: [150 ÷ (65)^2] x 703 = 24.96

You can access the following CDC web page for more information: cdc.gov/healthyweight/index.html.
For people who are considered obese (BMI greater than or equal to 30) or those who are overweight (BMI of 25 to 29.9), weight loss is generally recommended. Even a small weight loss (just 10 percent of your current weight) will help lower your risk of developing diseases associated with obesity. Talk to your health care professional to see if you should lose weight.

Weight is largely determined by how well a person is able to balance intake of calories from food with the amount of energy used every day. If more calories are consumed than are burned, weight gain is likely. Eating a well-balanced diet and exercising are enough for most people to achieve and maintain a healthy body weight. Visit eatright.org for weight management information on how you can improve your weight.

QUICK FACT: Losing as little as 10 to 20 pounds can significantly help to improve health.