Common Health Concerns

Learn more about the medical concerns you might have

4  Arthritis Advice
9  Cancer Facts for People Over 50
13 Depression: Don’t Let the Blues Hang Around
18 Diabetes in Older People—A Disease You Can Manage
22 Forgetfulness: It’s Not Always What You Think
26 Hearing Loss
30 High Blood Pressure
33 HIV, AIDS, and Older People
38 Menopause
44 Osteoporosis: The Bone Thief
49 Prostate Problems
53 Shingles
57 Stroke
60 Urinary Incontinence
“Arthritis” is not just a word doctors use when they talk about painful, stiff joints. In fact, there are many kinds of arthritis, each with different symptoms and treatments. Most types of arthritis are chronic. That means they can go on for a long period of time.

Arthritis can attack joints in almost any part of the body. Some forms of arthritis cause changes you can see and feel—swelling, warmth, and redness in your joints. In some the pain and swelling last only a short time, but are very bad. Other types cause less troublesome symptoms, but still slowly damage your joints.

**Common Kinds of Arthritis**

Arthritis is one of the most common diseases in this country. Millions of adults and half of all people age 65 and older are troubled by this disease. Older people most often have osteoarthritis, rheumatoid arthritis, or gout.

**Osteoarthritis (OA)** is the most common type of arthritis in older people. OA starts when cartilage begins to become ragged and wears away. Cartilage is the tissue that pads bones in a joint. At OA’s worst, all of the cartilage in a joint wears away, leaving bones that rub against each other. You are most likely to have OA in your hands, neck, lower back, or the large weight-bearing joints of your body, such as knees and hips.

OA symptoms can range from stiffness and mild pain that comes and goes with activities like walking, bending, or stooping to severe joint pain that keeps on even when you rest or try to sleep. Sometimes OA causes your joints to feel stiff when you haven’t moved them in a while, like after riding in the car. But the stiffness goes away when you move the joint. In time OA can also cause problems moving joints and sometimes disability if your back, knees, or hips are affected.

What causes OA? Growing older is what most often puts you at risk for OA. Other than that, scientists think the cause depends on which part of the body is involved. For example, OA in the hands or hips may run in families. OA in the knees can be linked with being overweight. Injuries or overuse may cause OA in joints such as knees, hips, or hands.

**Rheumatoid Arthritis (RA)** is an **autoimmune** disease. In RA, that means your body attacks the lining of a joint just as it would if it were trying to protect you from injury or disease. For example, if you had a splinter in your finger, the finger would become **inflamed**—painful, red, and swollen. RA leads to **inflammation** in your joints. This inflammation causes pain, swelling, and stiffness that lasts for hours. This can often happen in many different joints at the same time. You might not even be able to move the joint. People with RA often don’t feel well. They
may be tired or run a fever. People of any age can develop RA, and it is more common in women.

RA can attack almost any joint in the body, including the joints in the fingers, wrists, shoulders, elbows, hips, knees, ankles, feet, and neck. If you have RA in a joint on one side of the body, the same joint on the other side of your body will probably have RA also. RA not only destroys joints. It can also attack organs such as the heart, muscles, blood vessels, nervous system, and eyes.

**Gout** is one of the most painful forms of arthritis. An attack can begin when crystals of uric acid form in the connective tissue and/or joint spaces. These deposits lead to swelling, redness, heat, pain, and stiffness in the joint. Gout attacks often follow eating foods like shellfish, liver, dried beans, peas, anchovies, or gravy. Using alcohol, being overweight, and certain medications may also make gout worse. In older people, some blood pressure medicines can also increase your chance of a gout attack.

Gout is most often a problem in the big toe, but it can affect other joints, including your ankle, elbow, knee, wrist, hand, or other toes. Swelling may cause the skin to pull tightly around the joint and make the area red or purple and very tender. Your doctor might suggest blood tests and x-rays. He or she might also take a sample of fluid from your joint while you are having an attack.

Other forms of arthritis include psoriatic arthritis (in people with the skin condition psoriasis), ankylosing spondylitis (which mostly affects the spine), reactive arthritis (arthritis that occurs as a reaction to another illness in the body), and arthritis in the temporomandibular joint (where the jaw joins the skull).

**Warning Signs**

You might have some form of arthritis if you have:

- Lasting joint pain,
- Joint swelling,
- Joint stiffness,
- Tenderness or pain when touching a joint,
- Problems using or moving a joint as normal, or
- Warmth and redness in a joint.

If any one of these symptoms lasts longer than 2 weeks, see your regular doctor or a rheumatologist. If you have a fever, feel physically ill, suddenly have a swollen joint, or have problems using your joint, see your doctor sooner. Your health care provider will ask questions about your symptoms and do a physical exam. He or she may take x-rays or do lab tests before suggesting a treatment plan.

**Treating Arthritis**

Each kind of arthritis is handled a little differently, but there are some common treatment choices. Rest, exercise, eating a healthy, well-balanced diet, and learning the right way to use and protect your joints.
are key to living with any kind of arthritis. The right shoes and a cane can help with pain in the feet, knees, and hips when walking. You can also find gadgets to help you open jars and bottles or to turn the door knobs in your house more easily.

In addition, there are also medicines that can help with the pain and swelling. Acetaminophen can safely ease arthritis pain. Some NSAIDs (nonsteroidal anti-inflammatory drugs), like ibuprofen and naproxen, are sold without a prescription. Other NSAIDs must be prescribed by a doctor. But in 2005, the Food and Drug Administration (FDA) warned people about the possible side effects of some NSAIDs, both those sold with or without a prescription. You should read the warnings on the package or insert that comes with the drug. Talk to your doctor about if and how you should use acetaminophen or NSAIDs for your arthritis pain. You can also check with the FDA for more information about these drugs.

Some treatments are special for each common type of arthritis.

**Rheumatoid Arthritis.** With treatment, the pain and swelling from RA will get better, and joint damage might slow down or stop. You may find it easier to move around, and you will just feel better. In addition to pain and anti-inflammatory medicines, your doctor might suggest antirheumatic drugs, called DMARDs (disease-modifying antirheumatic drugs). These can slow damage from the disease. Medicines like prednisone, known as corticosteroids, can ease swelling while you wait for DMARDs to take effect. Another type of drug, biologic response modifiers, blocks the damage done by the immune system. They sometimes help people with mild-to-moderate RA when other treatments have not worked.

**Gout.** If you have had an attack of gout, talk to your doctor to learn why you had the attack and how to prevent future attacks. The most common treatment for an acute attack of gout uses NSAIDs or corticosteroids like prednisone. This reduces swelling, so you may start to feel better within a few hours after treatment. The attack usually goes away fully within a few days. If you have had several attacks, your doctor can prescribe medicines to prevent future ones.

**Exercise Can Help**

Along with taking the right medicine and properly resting your joints, exercise is a good way to stay fit, keep muscles strong, and control arthritis symptoms. Daily
exercise, such as walking or swimming, helps keep joints moving, lessens pain, and makes muscles around the joints stronger.

Three types of exercise are best if you have arthritis:

- **Range-of-motion exercises**, like dancing, relieve stiffness, keep you flexible, and help you keep moving your joints.
- **Strengthening exercises**, such as weight training, will keep or add to muscle strength. Strong muscles support and protect your joints.
- **Aerobic or endurance exercises**, like bicycle riding, make your heart and arteries healthier, help prevent weight gain, and improve the overall working of your body. Aerobic exercise also may lessen swelling in some joints.

The National Institute on Aging (NIA) has a free 80-page booklet on how to start and stick with a safe exercise program. The Institute also has a 48-minute companion video. See the last page of this Age Page for more information. Before beginning any exercise program, talk with your doctor or health care worker.

**Other Things to Do**

Along with exercise and weight control, there are other ways to ease the pain around joints. You might find comfort by applying heat or cold, soaking in a warm bath, or swimming in a heated pool.

Your doctor may suggest surgery when damage to your joints becomes disabling or when other treatments do not help with pain. Surgeons can repair or replace these joints with artificial (man-made) ones. In the most common operations, doctors replace hips and knees.

**Unproven Remedies**

Many people with arthritis try remedies that have not been tested or proved to be helpful. Some of these, such as snake venom, are harmful. Others, such as copper bracelets, are harmless, but also unproven.

How can you tell that a remedy may be unproven?

- The remedy claims that a treatment, like a lotion or cream, works for all types of arthritis and other diseases,
- Scientific support comes from only one research study, or
- The label has no directions for use or warning about side effects.

**Areas for Further Research**

Recent studies suggest that Chinese acupuncture may ease OA pain for some people. Others try dietary supplements, such as glucosamine and chondroitin. Research now shows that these two dietary supplements may help lessen your OA pain. Scientists are studying alternative treatments, such as these two supplements,
to find out how they work and if they keep
the joint changes caused by arthritis from
getting worse. More information is needed
before anyone can be sure.

Talk to Your Doctor

Most importantly, do not take for granted
that your pain and arthritis are just part
of growing older normally. You and your
doctor can work together to safely lessen
the pain and stiffness that might be
troubling you and to prevent more serious
damage to your joints.

For More Information

Here are other resources about arthritis:

- National Center for
  Complementary and
  Alternative Medicine
  NCCAM Clearinghouse
  P.O. Box 7923
  Gaithersburg, MD 20898
  888-644-6226 (toll-free)
  866-464-3615 (TTY/toll-free)
  www.nccam.nih.gov

- National Institute of Arthritis
  and Musculoskeletal and
  Skin Diseases
  NIAMS Information
  Clearinghouse
  1 AMS Circle
  Bethesda, MD 20892–3675
  301-495-4484
  877-226-4267 (toll-free)
  301-565–2966 (TTY)
  www.niams.nih.gov

- American College of
  Rheumatology/Association
  of Rheumatology Health
  Professionals
  1800 Century Place, Suite 250
  Atlanta, GA 30345-4300
  404-633-3777
  www.rheumatology.org

- Arthritis Foundation
  P.O. Box 7669
  Atlanta, GA 30357-0669
  800-283-7800 (toll-free)
  www.arthritis.org

- To check the telephone directory
  for your local chapter.

To get the NIA’s exercise book
or video or for more information
about health and aging, call
or write:

- National Institute on Aging
  Information Center
  P.O. Box 8057
  Gaithersburg, MD 20898-8057
  800-222-2225 (toll-free)
  800-222-4225 (TTY/toll-free)

- To order publications (in
  English or Spanish) online,
  visit www.niapublications.org.

- The National Institute on Aging
  website is www.nia.nih.gov.

- Visit NIHSeniorHealth.gov
  (www.nihseniorhealth.gov),
  a senior-friendly website
  from the National Institute
  on Aging and the National
  Library of Medicine. This
  simple-to-use website features
  popular health topics for older
  adults. It has large type and a
  “talking” function that reads
  the text out loud.

May 2005
Cancer strikes people of all ages, but you are more likely to get cancer as you get older, even if no one in your family has had it. The good news is that the chances of surviving cancer are better today than ever before.

When cancer is found early, it is more likely to be treated successfully. You can help safeguard your health by learning the warning signs of cancer and by having regular checkups.

What Symptoms Should I Watch for?

You should see your doctor for regular checkups; don’t wait for problems to occur. But you also should know that the following symptoms may be signs of cancer:

- Changes in bowel or bladder habits,
- A sore that does not heal,
- Unusual bleeding or discharge,
- Thickening or lump in the breast or any other part of the body,
- Indigestion or difficulty swallowing,
- Obvious change in a wart or mole,
- Nagging cough or hoarseness, or
- Unexplained changes in weight.

What If I Have One of These Symptoms?

These symptoms are not always a sign of cancer. They also can be caused by less serious conditions. It’s important to see a doctor if you have symptoms because only a doctor can make a diagnosis. Don’t wait to feel pain! Early cancer usually doesn’t cause pain.

Some people believe that as they age their symptoms are due to “growing older.” Because of this myth, many illnesses go undiagnosed and untreated. Don’t ignore your symptoms because you think they are not important or because you believe they are normal for your age. Talk to your doctor.

What Regular Tests Should I Have?

Most cancers in their earliest, most treatable stages don’t cause any symptoms or pain. That is why it’s important to have regular tests to check for cancer long before you might notice anything wrong.

Checking for cancer in a person who does not have any symptoms is called screening. Screening may involve a physical exam, lab tests, or procedures to look at internal organs. Medicare now covers a number of screening tests for cancer. For details, check with the Medicare toll-free help line at 800-633-4227.

Before recommending a screening test, your doctor will consider your age, medical history, general health, family history, and lifestyle. You may want to discuss your concerns or questions with your doctor, so that together you can weigh the pros and
cons and make an informed decision about whether to have a screening test. If you are 50 or older, the following are some of the cancer screening tests that you and your doctor should consider:

- **Mammogram.** A woman’s risk of breast cancer increases with age; about 80 percent of breast cancers occur in women over age 50. A mammogram is a special x-ray of the breast that often can find cancers that are too small for a woman or her doctor to feel. The National Cancer Institute (NCI) recommends that women in their 40s or older have a screening mammogram on a regular basis, every 1–2 years.

- **Clinical Breast Exam.** During a clinical breast exam, the doctor or other health care professional checks the breasts and underarms for lumps or other changes that could be a sign of breast cancer.

- **Fecal Occult Blood Test.** Colorectal cancer is the third leading cause of death from cancer in the United States. The risk of developing colorectal cancer rises after age 50. It is common in both men and women. Studies show that a fecal occult blood test every 1–2 years in people between the ages of 50 and 80 decreases the number of deaths due to colorectal cancer. For this test, stool samples are applied to special cards, which are examined in a lab for occult (hidden) blood.

- **Sigmoidoscopy.** A doctor uses a thin, flexible tube with a light (sigmoidoscope) to look inside the colon and rectum for growths or abnormal areas. Fewer people may die of colorectal cancer if they have regular screening by sigmoidoscopy after age 50.

- **Pap Test.** The risk of cancer of the cervix (the lower, narrow part of the uterus or womb) increases with age. Most invasive cancers of the cervix can be prevented if women have Pap tests and pelvic exams regularly. Older women should continue to have regular Pap tests and pelvic exams. The doctor uses a wooden scraper or a small brush to collect a sample of cells from the cervix and upper vagina. The cells are sent to a lab to check for abnormalities.

- **Pelvic Exam.** In a pelvic exam, the doctor checks the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum for any changes in their shape or size. During a pelvic exam, an instrument called a speculum is used to widen the vagina so that the upper part of the vagina and the cervix can be seen.

- **Digital Rectal Exam.** Prostate cancer is the most common cancer in American men—especially older men. More than 80 percent of prostate cancers occur in men 65 and older. Research is being done to find the most reliable screening test for prostate cancer. Scientists at the NCI are studying the value of digital rectal exam and prostate-specific antigen (PSA) in reducing the number of deaths caused by prostate cancer. For a digital rectal exam, the doctor inserts a gloved finger into the rectum and feels the prostate gland for bumps or abnormal areas.

- **Prostate Specific Antigen (PSA).** This test measures the amount of PSA in the blood-stream. Higher-than-average amounts of PSA may indicate the presence of prostate cancer cells. However, PSA levels also may be high in men who have noncancerous prostate
conditions. Scientists are studying ways to improve the validity of the PSA test.

- **Skin Exam.** Skin cancer is the most common form of cancer in the United States. Routine examination of the skin increases the chance of finding skin cancer early.

A positive result on any of these tests doesn’t mean that you have cancer. You may need more tests. A biopsy is the only sure way to know whether the problem is cancer. In this test, a sample of tissue is removed from the abnormal area and examined under a microscope to check for cancer cells.

**What if I’m Told I Have Cancer?**

If tests show that you have cancer, you should talk with your doctor and make treatment decisions as soon as possible. Cancer is a disease in which cells become abnormal and keep dividing and forming more cells without order or control. If left untreated, cancer cells can damage nearby tissues and organs. Cancer cells also can break away and spread to other parts of the body. Thus, early treatment means better outcomes.

**How is Cancer Treated?**

There are a number of cancer treatments, including surgery, radiation therapy, chemotherapy (anticancer drugs), and biological therapy (treatment that uses the body’s natural ability to fight infection and disease). Patients with cancer often are treated by a team of specialists, which may include a medical oncologist (specialist in cancer treatment), a surgeon, a radiation oncologist (specialist in radiation therapy), and others. The doctors may decide to use one type of treatment alone or a combination of treatments. The choice of treatment depends on the type and location of the cancer, the stage of the disease, the patient’s general health, and other factors.

Before starting treatment, you may want another doctor to review the diagnosis and treatment plan. Some insurance companies require a second opinion; others may pay for a second opinion if you request it.

Some cancer patients take part in studies of new treatments. These studies—called clinical trials—are designed to find out whether a new treatment is both safe and effective. Often, clinical trials compare a new treatment with a standard one so that doctors can learn which is more effective. Clinical trials offer important choices for many patients. Cancer patients who are interested in taking part in a clinical trial should talk with their doctor.

**Can Cancer be Prevented?**

Although your chances of getting cancer increase after age 50, there are things that you can do to prevent it. About 80 percent of all cancers are related to the use of tobacco products, to what we eat and drink, or to a lesser extent to exposure to radiation or cancer-causing agents in the environment and the workplace. Many risk factors can be avoided:
Do not use tobacco products. Tobacco causes cancer. In fact, smoking tobacco, using smokeless tobacco, and being exposed regularly to involuntary tobacco smoke are responsible for one-third of all cancer deaths in the United States each year.

Avoid the harmful rays of the sun. Ultraviolet radiation from the sun and from other sources—such as sunlamps and tanning booths—damages your skin and can cause skin cancer.

Choose foods with less fat and more fiber. Your choice of foods may affect your chance of developing cancer. Evidence points to a link between a high-fat diet and cancers of the breast, colon, uterus, and prostate. Being seriously overweight appears to be linked to cancers of the prostate, pancreas, uterus, colon, and ovary and to breast cancer in older women. On the other hand, you may be able to reduce your cancer risk by making some simple food choices. Try to eat a varied, well-balanced diet that includes generous amounts of foods that are high in fiber, vitamins, and minerals. Aim for at least five servings of fruits and vegetables each day. At the same time, try to cut down on fatty foods.

If you drink alcohol, do so in moderation—not more than one or two drinks a day. Drinking large amounts of alcohol increases the risk of cancers of the mouth, throat, esophagus, and larynx. People who smoke cigarettes and drink alcohol have an especially high risk of getting these cancers.

For More Information

The organizations listed below offer more information about some of the topics mentioned in this fact sheet:

The Cancer Information Service (CIS), a program of the National Cancer Institute, can provide accurate, up-to-date information about cancer. Information specialists can answer your questions in English, Spanish, and on TTY equipment.
800-422-6237 (toll-free)
800-332-8615 (TTY/toll-free)

For more information about health and aging, contact:
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

To order publications (in English or Spanish) online, visit www.niapublications.org.

The National Institute on Aging website is www.nia.nih.gov.

Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

2000
Depression: Don’t Let the Blues Hang Around

Everyone feels blue now and then. It’s part of life. But if you no longer enjoy activities that you usually like, you may have a more serious problem. Being depressed, without letup, can change the way you think and feel. Doctors call this medical disorder “clinical depression.”

Being “down in the dumps” over a period of time is not a normal part of getting older. But it is a common problem, and medical help may be needed. For most people, depression will get better with treatment. “Talk” therapy, medicine, or other treatment methods can ease the pain of depression. You do not need to suffer.

There are many reasons why depression in older people is often hard to detect and treat. As a person ages, the signs of depression are much more varied than at younger ages. It can appear as increased tiredness, or it can be seen as grumpiness. Sometimes people who are depressed lose interest in eating and can lose weight. Confusion or attention problems caused by depression can sometimes look like Alzheimer’s disease or other brain disorders. Mood changes and signs of depression can be caused by medicines older people may take for arthritis, high blood pressure, or heart disease. The good news is that people who are depressed usually feel better with the right treatment.

What Causes Depression?

There is no one cause of depression. For some people, a single event can bring on the illness. Depression often strikes people who suddenly have to deal with a serious illness or a death in the family. For some people, a loss in their own physical or mental skills brings on depression. Sometimes those under a lot of stress, like caregivers, can feel depressed. Others become depressed for no clear reason.

People with serious illnesses, such as cancer, diabetes, heart disease, stroke, or Parkinson’s disease, sometimes become depressed. They worry about how their illness will change their lives. They might be tired and not able to deal with something that makes them sad. Treatment for depression helps them feel better and improves quality of life.

Genetics, too, can play a role. Studies show that depression may run in families. Children of depressed parents may be at a higher risk for depression. And, depression tends to be a disorder that occurs more than once. Many older people who have been depressed in the past are at an increased risk.
What to Look For

How do you know when you need help? After all, as you age, you may have to face problems that could cause anyone to feel “depressed.” Perhaps you are dealing with the death of a loved one or friend. Maybe you are having a tough time getting used to retirement, and you feel lonely. Possibly you have a chronic illness. Or, you might feel like you have lost control over your life.

After a period of feeling sad, older people usually adjust and regain their emotional balance. But, if you are suffering from clinical depression and don’t get help, your depression might last for weeks, months, or even years. Here is a list of the most common signs of depression. If you have several of these, and they last for more than 2 weeks, see a doctor.

- An “empty” feeling, ongoing sadness, and anxiety,
- Tiredness, lack of energy,
- Loss of interest or pleasure in everyday activities, including sex,
- Sleep problems, including trouble getting to sleep, very early morning waking, and sleeping too much,
- Eating more or less than usual,
- Crying too often or too much,
- Aches and pains that don’t go away when treated,
- A hard time focusing, remembering, or making decisions,
- Feeling guilty, helpless, worthless, or hopeless,
- Being irritable, or
- Thoughts of death or suicide; a suicide attempt.

If you are a family member, friend, or health care provider of an older person, watch carefully for clues of depression. Sometimes symptoms can hide behind a smiling face. A depressed person who lives alone may appear to feel better when someone stops by to say hello. The symptoms may seem to go away. But, when someone is very depressed, the symptoms usually come back.

Don’t ignore the warning signs. If left untreated, serious depression can lead to suicide. Listen carefully if someone of any age complains about being depressed or says people don’t care. That person may really be asking for help.

Getting Help

The first step is to accept that you or your family member needs help. You may not be comfortable with the subject of depression and mental illness. Or, you might feel that asking for help is a sign of weakness. You might be like many older people, their relatives, or friends, who believe that a depressed person can quickly “snap out of it” or that some people are too old to be helped. This is wrong.
A health care provider can help. Once you decide to get medical advice, start with your family doctor. The doctor should check to see if your depression could be caused by a health problem (such as hypothyroidism or vitamin B₁₂ deficiency) or a medicine you are taking. After a complete exam, your doctor may suggest you talk to a mental health worker, such as a social worker, mental health counselor, psychologist, or psychiatrist. Doctors specially trained to treat depression in older people are called geriatric psychiatrists.

Don’t avoid getting help because you may be afraid of how much treatment might cost. Often, only short-term psychotherapy (talk therapy) is needed. It is usually covered by insurance. Also, some community mental health centers may offer treatment based on a person’s ability to pay.

Be aware that some family doctors may not understand about aging and depression. If your doctor is unable or unwilling to help, you may want to talk to another health care provider.

Are you the relative or friend of a depressed older person who won’t go to a doctor for treatment? Try explaining how treatment may help the person feel better. In some cases, when a depressed person can’t or won’t go to the doctor’s office, the doctor or mental health expert can start by making a phone call. A telephone call can’t take the place of the personal contact needed for a complete medical checkup, but it might encourage the person to go for treatment.

**Treating Depression**

Your doctor or mental health expert can often treat your depression successfully. Different therapies seem to work for different people. For instance, support groups can provide new coping skills or social support if you are dealing with a major life change. A doctor might suggest that you go to a local senior center, volunteer service, or nutrition program.

Several kinds of talk therapies are useful as well. One method might help give you a more positive outlook on life. Always thinking about the sad things in your life or what you have lost might have led to your depression. Another method works to improve your relations with others to give you more hope about the future.

Getting better takes time, but with support from others and treatment you will get a little better each day.

Antidepressant drugs (medicine to treat depression) can also help. These medications can improve your mood, sleep, appetite, and concentration. There are several types of antidepressants available. Some of these medicines must be taken for as long as 12 weeks before you feel like they are working. Your doctor may want you to continue medications for 6 months or more after your symptoms disappear.
Some antidepressants can cause unwanted side effects, although newer medicines have fewer side effects. Any antidepressant should be used with great care to avoid this problem. Remember:

- The doctor needs to know about all prescribed and over-the-counter medications, vitamins, or herbal supplements you are taking.
- The doctor should also be aware of any other physical problems you have.
- Be sure to take antidepressants in the proper dose and on the right schedule.

Electroconvulsive therapy (ECT) can also help. Don’t be misled by the way some movies and books have portrayed ECT (also called electroshock therapy). They do not give a true picture. ECT may be recommended when medicines can’t be tolerated or when a quick response is needed. ECT is given as a series of treatments over a few weeks and is very safe and effective. Like other antidepressant therapies, follow-up treatment is often needed to help prevent a return of depression.

Help from Family and Friends

Family and friends can play an important role in treatment. You can help your relative or friend stay with the treatment plan. If needed, make appointments for the person or go along to the doctor, mental health expert, or support group.

Be patient and understanding. Get your relative or friend to go on outings with you or to go back to an activity that he or she once enjoyed. Encourage the person to be active and busy, but not to take on too much at one time.

Preventing Depression

What can be done to lower the risk of depression? How can people cope? There are a few steps you can take. Try to prepare for major changes in life, such as retirement or moving from your home of many years. One way to do this is to try and keep friendships over the years. Friends can help ease loneliness if you lose a spouse. You can also develop a hobby. Hobbies may help keep your mind and body active. Stay in touch with family. Let them help you when you feel very sad. If you are faced with a lot to do, try to break it up into smaller jobs that are easier to finish.

Exercise can help prevent depression or lift your mood if you are already depressed. Older people who are depressed can gain mental as well as physical benefits from mild forms of exercise like walking outdoors or in shopping malls. Gardening, dancing, and swimming are other good forms of exercise. Pick something you like to do. Begin with 10-15 minutes a day, and increase the time as you are able. Being physically fit and eating a balanced diet may help avoid illnesses that can bring on disability or depression.

Remember, with treatment, most people will find positive thoughts gradually replacing negative thoughts. Expect your mood to improve slowly. Feeling better takes time. But it can happen.
For More Information

The following groups offer information on depression and older people:

American Association for Geriatric Psychiatry (AAGP)
7910 Woodmont Avenue
Suite 1050
Bethesda, MD 20814-3004
301-654-7850
www.aagpgpa.org

American Psychological Association (APA)
750 First Street, NE
Washington, DC 20002
800-374-2721 (toll-free)
www.apa.org

Depression and Bipolar Support Alliance (DBSA)
730 North Franklin Street
Suite 501
Chicago, IL 60610-7204
800-826-3632 (toll-free)
www dbsalliance.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Boulevard
Suite 300
Arlington, VA 22201
800-950-6264 (toll-free)
www.nami.org

National Institute of Mental Health (NIMH)
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
301-443-4513
301-443-8431 (TTY)
www.nimh.nih.gov
  ■ For publications, call 800-421-4211 (toll-free)

National Mental Health Association (NMHA)
2001 North Beauregard Street
12th Floor
Alexandria, VA 22311
800-969-6642 (toll-free)
800-433-5959 (TTY/toll-free)
www.nmha.org

For information about depression and Alzheimer’s patients and caregivers, contact:
Alzheimer’s Disease Education and Referral (ADEAR) Center
P.O. Box 8250
Silver Spring, MD 20907-8250
800-438-4380 (toll-free)
www.alzheimers.org

For more information about health and aging, contact
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

■ To order publications (in English or Spanish) online, visit www.niapublications.org.
■ The National Institute on Aging website is www.nia.nih.gov.
■ Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

April 2005
Diabetes is a serious disease. It happens when your blood levels of glucose, a form of sugar, are too high. Diabetes can lead to dangerous health problems. The good news is that high glucose levels can be managed to help control the disease and prevent or delay future problems.

What is Diabetes?

Our bodies change the foods we eat into glucose. Glucose travels through the bloodstream to “fuel” or feed our cells. Insulin is a hormone that helps our bodies use glucose for energy. People with diabetes either do not make insulin, do not use insulin properly, or both. This means they have too much glucose (sugar) in their blood. As a result, they often feel tired, hungry, or thirsty; they may lose weight, urinate often, or have trouble with their eyes. In time, the high levels of this form of sugar in the blood (glucose) can hurt their eyes, kidneys, and nerves. It can also cause heart disease, strokes, and even the need to remove all or part of a limb (amputation).

Diabetes tends to run in families, but other factors add to the risk of getting diabetes. For example, being overweight and underactive can sometimes trigger diabetes in people who are at risk. There is a lot of research underway looking at what causes diabetes and how best to manage it.

But there is a lot we do know. For example, we know that careful control of blood glucose, blood pressure, and cholesterol can help prevent or delay diabetes and its complications.

Types of Diabetes

There are two types of diabetes. In one kind, people must take insulin every day. This is called type 1 diabetes, formerly known as juvenile-onset diabetes. Type 1 diabetes is often first seen in children, teenagers, or adults under age 30.

The second kind of diabetes happens when the body produces insulin but doesn’t use it in the right way. This is called type 2 diabetes, formerly called adult-onset diabetes. It is most common in people over age 40. Type 2 diabetes is linked to obesity, lack of activity, family history of diabetes, and family background. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Pacific Islanders are at very high risk for type 2 diabetes.

There is also a condition called pre-diabetes in which blood glucose (a form of sugar) levels are higher than normal but not high enough to be called diabetes. This condition raises the risk of type 2 diabetes, heart disease, and stroke.
People with pre-diabetes can delay or prevent type 2 diabetes by losing weight and being more active.

**Related Health Concerns**

Blood glucose levels that are either very high or very low can lead to serious medical problems, even emergencies. In addition to the health problems noted above, people with diabetes could go into a coma (become unconscious) if their blood glucose levels get very high. Low blood glucose (called hypoglycemia) can also cause problems if it’s untreated. Usually hypoglycemia is mild and can easily be treated by eating or drinking something with carbohydrates such as bread, fruit, potatoes, or milk. But, left untreated, hypoglycemia can lead to loss of consciousness. Although hypoglycemia can happen suddenly, it can usually be treated quickly, bringing your blood glucose level back to normal.

Researchers recently have found that people with diabetes also have an increased risk for Alzheimer’s disease. Studies are underway to understand this connection and to see whether strict control of glucose can delay or prevent this problem.

**Symptoms**

Often, people with type 2 diabetes have few or no symptoms. Many people with type 2 diabetes don’t even know they have it. For some people, feeling rundown is their only symptom. Other people may feel thirsty, urinate often, lose weight, have blurred vision, get skin infections, or heal slowly from cuts and bruises. It is very important to tell the doctor right away about any of these problems.

**Tests**

Medical tests will show if diabetes is causing your problems. A doctor can diagnose diabetes by reviewing your symptoms and checking your blood glucose levels. One test (fasting plasma glucose test) measures your blood glucose level after eating or drinking nothing (fasting) for at least eight hours, usually overnight. In another test, called the oral glucose tolerance test, your blood glucose is checked and then you drink a sugary beverage. Your blood glucose (sugar) levels are then checked 1 hour, 2 hours, and 3 hours later. Diagnosis is confirmed after a repeat test on a different day.

Research shows that some increase in blood glucose levels often comes with age. This may be caused by weight gain, especially when fat builds up around the waist.

**Managing Diabetes**

There are things you can do to take control of your diabetes.

- Meal planning and eating correctly are key to managing blood glucose, blood pressure, and cholesterol levels. To plan meals and eat right, you need to understand how different foods affect your glucose levels. A good meal plan will take into account your food likes and dislikes, goals for weight control, and daily physical activity. Health care
professionals can work with you to create a personalized meal plan.

- Physical activity is very important in dealing with diabetes. Taking part in a regular fitness program can improve blood glucose levels in older people with diabetes. A health care professional can help plan a physical activity program just right for you.

- Medications are also central to controlling diabetes for many people. Doctors may prescribe oral medicines (those taken by mouth), insulin, or a combination of both as needed. People with type 2 diabetes may not need to take diabetes medications if they can reach glucose, blood pressure, and cholesterol goals through meal planning, eating the right foods, and physical activity.

- Keeping track of how well your diabetes care plan is working is important. Check blood glucose levels and monitor your blood pressure and cholesterol levels.

**What Else Can You Do?**

**Eye Exams.** People with diabetes should have an eye exam every year. Finding and treating eye problems early can help prevent more serious conditions later on.

**Kidney Check.** A yearly urine test for a protein called albumin will show whether your kidneys are affected by diabetes.

**Foot Care.** Diabetes can reduce blood supply to arms and legs and cause numbness in the feet. People with diabetes should check their feet every day and watch for any redness or patches of heat. Sores, blisters, breaks in the skin, infections, or build-up of calluses should be checked right away by a doctor specializing in foot care (podiatrist) or a family doctor.

**Skin Care.** People with diabetes can protect their skin by keeping it clean, using skin softeners to treat dryness, and taking care of minor cuts and bruises to prevent infections and other problems.

**Care of Teeth and Gums.** Working closely with a dentist is very important. Teeth and gums need special attention to avoid serious infections.

**Flu Shots and Pneumonia Vaccine.** Getting a yearly flu shot and a pneumonia vaccine at least once will help keep people with diabetes healthy. If five years or more have passed since your pneumonia shot, ask your doctor if you should be revaccinated.

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People with diabetes who are on Medicare now receive coverage for supplies such as glucose monitors, test strips, and lancets. For more information about what is covered, call 800-MEDICARE (800-633-4227).
For More Information  The following organizations offer a wealth of information, as well as free or low-cost resources for people with diabetes, health care professionals, and the general public:

National Diabetes Education Program  
One Diabetes Way  
Bethesda, MD 20814-9692  
800-438-5383 (toll-free)  
www.ndep.nih.gov

American Diabetes Association  
1701 North Beauregard Street  
Alexandria, VA 22311  
800-342-2383 (toll-free)  
www.diabetes.org

National Institute of Diabetes and Digestive and Kidney Diseases  
National Diabetes Information Clearinghouse  
One Information Way  
Bethesda, MD 20892-3560  
800-860-8747 (toll-free)  
301-654-4415  
www.diabetes.niddk.nih.gov

For more information about health and aging, contact:

National Institute on Aging Information Center  
P.O. Box 8057  
Gaithersburg, MD 20898-8057  
800-222-2225 (toll-free)  
800-222-4225 (TTY/toll-free)

- To order publications (in English or Spanish) online, visit www.niapublications.org.
- The National Institute on Aging website is www.nio.nih.gov.
- Visit NIH SeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

July 2004
Forgetfulness: It’s Not Always What You Think

Many older people worry about becoming more forgetful. They think forgetfulness is the first sign of Alzheimer’s disease. In the past, memory loss and confusion were considered a normal part of aging. However, scientists now know that most people remain both alert and able as they age, although it may take them longer to remember things.

A lot of people experience memory lapses. Some memory problems are serious, and others are not. People who have serious changes in their memory, personality, and behavior may suffer from a form of brain disease called dementia. Dementia seriously affects a person’s ability to carry out daily activities. Alzheimer’s disease is one of many types of dementia.

The term dementia describes a group of symptoms that are caused by changes in brain function. Dementia symptoms may include asking the same questions repeatedly; becoming lost in familiar places; being unable to follow directions; getting disoriented about time, people, and places; and neglecting personal safety, hygiene, and nutrition. People with dementia lose their abilities at different rates. Dementia is caused by many conditions. Some conditions that cause dementia can be reversed, and others cannot. Further, many different medical conditions may cause symptoms that seem like Alzheimer’s disease, but are not. Some of these medical conditions may be treatable. Reversible conditions can be caused by a high fever, dehydration, vitamin deficiency and poor nutrition, bad reactions to medicines, problems with the thyroid gland, or a minor head injury. Medical conditions like these can be serious and should be treated by a doctor as soon as possible.

Sometimes older people have emotional problems that can be mistaken for dementia. Feeling sad, lonely, worried, or bored may be more common for older people facing retirement or coping with the death of a spouse, relative, or friend. Adapting to these changes leaves some people feeling confused or forgetful. Emotional problems can be eased by supportive friends and family or by professional help from a doctor or counselor.

The two most common forms of dementia in older people are Alzheimer’s disease and multi-infarct dementia (sometimes called vascular dementia). These types of dementia are irreversible, which means they cannot be cured. In Alzheimer’s disease, nerve cell changes in certain parts of the brain result in the death of a large number of cells. Symptoms of Alzheimer’s disease begin slowly and become steadily worse. As the disease progresses, symptoms range from mild forgetfulness to serious impairments in thinking.
judgment, and the ability to perform daily activities. Eventually, patients may need total care.

In multi-infarct dementia, a series of small strokes or changes in the brain’s blood supply may result in the death of brain tissue. The location in the brain where the small strokes occur determines the seriousness of the problem and the symptoms that arise. Symptoms that begin suddenly may be a sign of this kind of dementia. People with multi-infarct dementia are likely to show signs of improvement or remain stable for long periods of time, then quickly develop new symptoms if more strokes occur. In many people with multi-infarct dementia, high blood pressure is to blame. One of the most important reasons for controlling high blood pressure is to prevent strokes.

Diagnosis

People who are worried about memory problems should see their doctor. If the doctor believes that the problem is serious, then a thorough physical, neurological, and psychiatric evaluation may be recommended. A complete medical examination for memory loss may include gathering information about the person’s medical history, including use of prescription and over-the-counter medicines, diet, past medical problems, and general health. Because a correct diagnosis depends on recalling these details accurately, the doctor also may ask a family member for information about the person.

Tests of blood and urine may be done to help the doctor find any problems. There are also tests of mental abilities (tests of memory, problem solving, counting, and language). A brain CT scan may assist the doctor in ruling out a curable disorder. A scan also may show signs of normal age-related changes in the brain. It may be necessary to have another scan at a later date to see if there have been further changes in the brain.

Alzheimer’s disease and multi-infarct dementia can exist together, making it hard for the doctor to diagnose either one specifically. Scientists once thought that multi-infarct dementia and other types of vascular dementia caused most cases of irreversible mental impairment. They now believe that most older people with irreversible dementia have Alzheimer’s disease.

Treatment

Even if the doctor diagnoses an irreversible form of dementia, much still can be done to treat the patient and help the family cope. A person with dementia should be under a doctor’s care and may see a neurologist, psychiatrist, family doctor, internist, or geriatrician. The doctor can treat the patient’s physical and behavioral problems and answer the many questions that the person or family may have.
For some people in the early and middle stages of Alzheimer’s disease, the drugs tacrine (Cognex), donepezil (Aricept), rivastigmine (Exelon), and galantamine (Reminyl) are prescribed to possibly delay the worsening of some of the disease’s symptoms. Another drug, memantine (Namenda), has been approved for treatment of moderate to severe AD. Doctors believe it is very important for people with multi-infarct dementia to try to prevent further strokes by controlling high blood pressure, monitoring and treating high blood cholesterol and diabetes, and not smoking.

Many people with dementia need no medication for behavioral problems. But for some people, doctors may prescribe medications to reduce agitation, anxiety, depression, or sleeping problems. These troublesome behaviors are common in people with dementia. Careful use of doctor-prescribed drugs may make some people with dementia more comfortable and make caring for them easier.

A healthy diet is important. Although no special diets or nutritional supplements have been found to prevent or reverse Alzheimer’s disease or multi-infarct dementia, a balanced diet helps maintain overall good health. In cases of multi-infarct dementia, improving the diet may play a role in preventing more strokes.

Family members and friends can assist people with dementia in continuing their daily routines, physical activities, and social contacts. People with dementia should be kept up-to-date about the details of their lives, such as the time of day, where they live, and what is happening at home or in the world. Memory aids may help in the day-to-day living of patients in the earlier stages of dementia. Some families find that a big calendar, a list of daily plans, notes about simple safety measures, and written directions describing how to use common household items are very useful aids.

Advice for Today

Scientists are working to develop new drugs that someday may slow, reverse, or prevent the damage caused by Alzheimer’s disease and multi-infarct dementia. In the meantime, people who have no dementia symptoms can try to keep their memory sharp.

Some suggestions include developing interests or hobbies and staying involved in activities that stimulate both the mind and body. Giving careful attention to physical fitness and exercise also may go a long way toward keeping a healthy state of mind. Limiting the use of alcoholic beverages is important, because heavy drinking over time can cause permanent brain damage.

Many people find it useful to plan tasks, make “things to do” lists, and use notes, calendars, and other memory aids. They also may remember things better.
by mentally connecting them to other meaningful things, such as a familiar name, song, or lines from a poem.

Stress, anxiety, or depression can make a person more forgetful. Forgetfulness caused by these emotions usually is temporary and goes away when the feelings fade. However, if these feelings last for a long period of time, getting help from a professional is important. Treatment may include counseling or medication, or a combination of both.

Some physical and mental changes occur with age in healthy people. However, much pain and suffering can be avoided if older people, their families, and their doctors recognize dementia as a disease, not part of normal aging.

For More Information

The organizations listed below offer more information about some of the topics mentioned in this fact sheet:

Alzheimer’s Association
225 North Michigan Avenue
Suite 1700
Chicago, IL 60601-7633
800-272-3900 (toll-free)
e-mail: info@alz.org
www.alz.org
- The Alzheimer’s Association is a nonprofit organization supporting AD research and offering information and support services to people with AD and their families.

ADEAR Center
P.O. Box 8250
Silver Spring, MD 20907-8250
800-438-4380 (toll-free)
e-mail: adear@alzheimers.org
www.alzheimers.org
- The Alzheimer’s Disease Education and Referral (ADEAR) Center is a service of the National Institute on Aging, part of the Federal Government’s National Institutes of Health. The Center provides information to health professionals, patients and their families, and the public. Information about community resources is available from State and Area Agencies on Aging.

Eldercare Locator
800-677-1116 (toll-free)
www.eldercare.gov

For more information about health and aging, contact:

National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)
- To order publications (in English or Spanish) online, visit www.niapublications.org.
- The National Institute on Aging website is www.nia.nih.gov.
- Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

July 2004
Hearing Loss

About one-third of Americans older than age 60 have hearing problems. About half the people who are 85 and older have hearing loss. Whether a hearing loss is small (missing certain sounds) or large (being profoundly deaf), it is a serious concern. If left untreated, problems can get worse.

Hearing loss can affect your life in many ways. You may miss out on talks with friends and family. On the telephone, you may find it hard to hear what the caller is saying. At the doctor’s office, you may not catch the doctor’s words.

Sometimes hearing problems can make you feel embarrassed, upset, and lonely. It’s easy to withdraw when you can’t follow a conversation at the dinner table or in a restaurant. It’s also easy for friends and family to think you are confused, uncaring, or difficult, when the problem may be that you just can’t hear well.

If you have trouble hearing, there is help. Start by seeing your doctor. Depending on the type and extent of your hearing loss, there are many treatment choices that may help. Hearing loss does not have to get in the way of your ability to enjoy life.

How Do I Know if I Have a Hearing Loss?

See your doctor if you:

- Have trouble hearing over the telephone,
- Find it hard to follow conversations when two or more people are talking,
- Need to turn up the TV volume so loud that others complain,
- Have a problem hearing because of background noise,
- Sense that others seem to mumble, or
- Can’t understand when women and children speak to you.

What Should I Do?

If you have trouble hearing, see your doctor. Sometimes the diagnosis and treatment can take place in the doctor’s office. Or your doctor may refer you to an otolaryngologist (oh-toh-layr-ehn-GOL-luh-jist), a doctor who specializes in the ear, nose, and throat. The otolaryngologist will take a medical history, ask if other family members have hearing problems, do a thorough exam, and suggest any needed tests. You may be referred to an audiologist (aw-dee-AH-luh-jist). Audiologists are health care professionals trained to measure hearing. The audiologist will use an audiometer to test your ability to hear sounds of different pitch and loudness. These tests are painless. Audiologists can help if you need a hearing aid. They can help select the best hearing aid for you and help you learn to get the most from it.
What Causes Hearing Loss?

Hearing loss can have many different causes, including the aging process, ear wax buildup, exposure to very loud noises over a long period of time, viral or bacterial infections, heart conditions or stroke, head injuries, tumors, certain medicines, and heredity.

What Different Types of Hearing Loss Are There?

*Presbycusis* (prez-bee-KYOO-sis) is age-related hearing loss. It is common in people over the age of 50. People with this kind of hearing loss may have a hard time hearing what others are saying or may be unable to stand loud sounds. The decline is slow. Just as hair turns gray at different rates, presbycusis can develop at different rates. It can be caused by *sensorineural* (sen-soh-ree-NOO-ruhl) hearing loss. This type of hearing loss results from damage to parts of the inner ear, the auditory nerve, or hearing pathways in the brain. Presbycusis may be caused by aging, loud noise, heredity, head injury, infection, illness, certain prescription drugs, and circulation problems such as high blood pressure. The degree of hearing loss varies from person to person. Also, a person can have a different amount of hearing loss in each ear.

*Tinnitus* (tih-NIE-tuhs) accompanies many forms of hearing loss, including those that sometimes come with aging. People with tinnitus may hear a ringing, roaring, or some other noise inside their ears. Tinnitus may be caused by loud noise, hearing loss, certain medicines, and other health problems, such as allergies and problems in the heart and blood vessels. Often it is unclear why the ringing happens. Tinnitus can come and go, it can stop completely, or it can stay. Some medicines may help ease the problem. Wearing a hearing aid makes it easier for some people to hear the sounds they need to hear by making them louder. Maskers, small devices that use sound to make tinnitus less noticeable, help other people. Music also can be soothing and can sometimes mask the sounds caused by the condition. It also helps to avoid things that might make tinnitus worse, like smoking, alcohol, and loud noises.

Conductive hearing loss happens when something blocks the sounds that are carried from the eardrum (tympanic membrane) to the inner ear. Ear wax buildup, fluid in the middle ear, abnormal bone growth, a punctured eardrum, or a middle ear infection can cause this type of hearing loss. If ear wax blockage is a problem for you, the American Academy of Otolaryngology-Head and Neck Surgery suggests using mild treatments, such as mineral oil, baby oil, glycerin, or commercial ear drops to soften ear wax. If you think you may have a hole in your eardrum, however, you should see your doctor.

How Can I Help a Person with Hearing Loss?

Here are some tips you can use when talking with someone who has a hearing problem:

- Face the person, and talk clearly.
- Speak at a reasonable speed; do not hide your mouth, eat, or chew gum.
Stand in good lighting, and reduce background noises.

Use facial expressions or gestures to give useful clues.

Repeat yourself if necessary, using different words.

Include the hearing-impaired person when talking. Talk with the person, not about the person, when you are with others. This helps keep the hearing-impaired person from feeling alone and excluded.

Be patient; stay positive and relaxed.

Ask how you can help.

What Can I Do If I Have Trouble Hearing?

Let people know that you have trouble hearing.

Ask people to face you and to speak more slowly and clearly; also ask them to speak without shouting.

Pay attention to what is being said and to facial expressions or gestures.

Let the person talking know if you do not understand.

Ask people to reword a sentence and try again.

What Devices or Treatments Can Help?

What will help you depends on your hearing problem. Some common solutions include:

Hearing aids. These small devices you wear in or behind your ear. Hearing aids can help some kinds of hearing loss by making sounds louder. However, they sometimes pick up background noises—for example, traffic noise in the street or people talking at other tables in a crowded restaurant. This can affect how well you hear in certain situations. Before buying a hearing aid, check to find out if your insurance will cover the cost.

There are many kinds of hearing aids. An audiologist can help fit you with the hearing aid that will work best for you. You can ask the audiologist about having a trial period to try out a few different aids.

Remember, when you buy a hearing aid, you are buying a product and a service. Find a hearing aid dealer (called a dispenser) who has the patience and skill to help you during the month or so it takes to get used to the new hearing aid.

You may need to have several fittings of your hearing aid, and you will need to get directions on how to use it. Hearing aids use batteries, which you will need to change on a regular basis. They also may need repairs from time to time. Buy a hearing aid that has only the features you need.

Assistive/Adaptive Devices. There are many products that can help you live well with less-than-perfect hearing. The list below includes some examples of the many choices:

- Telephone amplifying devices range from a special type of telephone receiver that makes sounds louder to special phones that work with hearing aids.

- TV and radio listening systems can be used with or without hearing aids. You do not have to turn the volume up high.
• Assistive listening devices are available in some public places such as auditoriums, movie theaters, churches, synagogues, and meeting places.

• Alerts such as doorbells, smoke detectors, and alarm clocks can give you a signal that you can see or a vibration that you can feel. For example, a flashing light could let you know someone is at the door or that the phone is ringing.

• Cochlear implants. If your deafness is severe, a doctor may suggest cochlear implants. In this surgery, the doctor puts a small electronic device under the skin behind the ear. The device sends the message past the non-working part of the inner ear and on to the brain. This process helps some people hear. These implants are not helpful for all types of deafness or hearing loss.

For More Information

There are many things you can do about hearing loss. The first step is to check with your doctor. You also can get more information from the following groups:

National Institute on Deafness and Other Communication Disorders (NIDCD)
NIDCD Information Clearinghouse
National Institutes of Health
31 Center Drive, MSC 2320
Bethesda, MD 20892-2320
800-241-1044 (toll-free)
800-241-1055 (TTY/toll-free)
www.nidcd.nih.gov

American Tinnitus Association (ATA)
P.O. Box 5
Portland, OR 97207-0005
800-634-8978 (toll-free)
www.ata.org

Self Help for Hard of Hearing People, Inc. (SHHH)
7910 Woodmont Avenue
Suite 1200
Bethesda, MD 20814
301-657-2248
301-657-2249 (TTY)
www.shhh.org

Laurent Clerc National Deaf Education Center
Gallaudet University
800 Florida Avenue, NE
Washington, DC 20002-3695
202-651-5000 (voice/TTY)
http://clerccenter.gallaudet.edu

For more information about health and aging, contact:
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

To order publications (in English or Spanish) online, visit www.niapublications.org.

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Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

September 2002
High Blood Pressure

You can have high blood pressure, also called hypertension, and still feel just fine. That’s because high blood pressure does not cause symptoms that you can see or feel. But, high blood pressure, sometimes called the “silent killer,” is a major health problem. If not treated, it can lead to stroke, heart disease, eye problems, or kidney failure. The good news is that there are ways you can prevent high blood pressure. And, if you already have high blood pressure, there are ways to control it and prevent its complications.

What is Blood Pressure?

When your doctor checks your blood pressure and tells you the result, she or he will say two numbers. The numbers are written one above, or before, the other. The first, or top, number is your systolic pressure. This tells you how much the blood flowing through your blood vessels pushes against the vessel walls as your heart beats. The second, or bottom, number measures the pressure while the heart relaxes between beats. This is the diastolic pressure. If your blood pressure is normal, your systolic pressure is less than 120 and your diastolic pressure is less than 80—for example, 119/79.

Do You Have High Blood Pressure?

One reason to have regular checkups by your doctor is to check your blood pressure. If you have only a slightly higher reading—such as a top number between 120 and 139 or the bottom number between 80 and 89, you have prehypertension. You may be at risk for developing high blood pressure. Your health care provider will probably want you to make changes in your daily habits to try and lower those numbers.

Your doctor will say your blood pressure is high when it measures 140/90 or higher at two or more checkups. He or she may also ask you to check your blood pressure at home at different times of the day. If the numbers are still high after several checks, your health care provider will probably suggest medicine, changes in your diet, and exercise.

What if Just the First Number is High?

For older people, the first number (systolic) often is high (greater than 140), but the second number (diastolic) is normal (less than 90). This problem is called isolated systolic hypertension. Isolated systolic hypertension is the most common form of high blood pressure in older people.

Isolated systolic hypertension can lead to serious health problems. It should be treated in the same way as regular high blood pressure. If your systolic pressure is over 140, ask your doctor how you can lower it.
Can You Prevent or Control High Blood Pressure?

More than half of Americans over age 60 have high blood pressure. But, that does not mean it is part of normal aging. Try these healthy habits to help you control or prevent high blood pressure.

Keep a healthy weight. Being overweight adds to your risk of high blood pressure. Ask your doctor if you need to lose weight.

Exercise every day. Moderate exercise can lower your risk of heart disease. Try to exercise at least 30 minutes a day, 5 days a week or more. Check with your doctor before starting a new exercise plan if you have a long-term health problem or if you are a man over 40 or a woman over 50.

Eat more fruits, vegetables, whole grains, and low-fat dairy foods. A healthy diet is important. To control high blood pressure, eat a diet rich in these foods. Make sure you are getting enough potassium. Fresh fruits and vegetables are high in potassium. If using packaged foods, read the nutrition labels to choose those that have more potassium.

Cut down on salt and sodium. Most Americans eat more salt and sodium than they need. A low-salt diet might help lower your blood pressure. Talk with your doctor about your salt intake.

Drink less alcohol. Drinking alcohol can affect your blood pressure. The effect is different depending on body size. As a general rule, men shouldn’t have more than two drinks a day; women not more than one drink a day.

Follow your doctor’s orders. If lifestyle changes alone do not control your high blood pressure, your doctor may tell you to take blood pressure pills. You may need to take your medicine for the rest of your life. If you have questions about it, talk to your doctor.

High Blood Pressure Facts

If you have high blood pressure, remember that:

■ High blood pressure may not make you feel sick, but it is serious. See a doctor to treat it.

■ You can lower your blood pressure by changing your daily habits and, if needed, by taking medicine. If you need to take high blood pressure medicine, lifestyle changes may help lower the dose you need and reduce side effects.

■ Are you already taking blood pressure medicine and your blood pressure is less than 120/80? That’s good. It means the lifestyle changes and medicine are working. But if another doctor asks if you have high blood pressure, the answer is still “yes, but it is being treated.”

■ Tell your doctor about all the drugs you take. Don’t forget to mention over-the-counter drugs, vitamins, and dietary...
Supplements. They may affect your blood pressure. They also can change how well your blood pressure medicine works.

- Blood pressure pills should be taken at the same time each day. For example, take your medicine in the morning with breakfast or in the evening after brushing your teeth. If you miss a dose, do not double the dose the next day. Call your doctor to find out what to do.
- If you have high blood pressure, test it at home between checkups. Ask your doctor, the nurse, or your pharmacist to show you how. Make sure you are seated with your feet on the floor and your back has something to lean against. Relax quietly for five minutes before checking your blood pressure. Your arm should be resting on a support at the level of your heart. Keep a list of the results to share with the doctor, physician’s assistant, or nurse.
HIV, AIDS, and Older People

Grace was dating again. George, a close family friend she had known for a long time, was starting to stay overnight more and more often. Because she was past childbearing age, Grace didn’t think about using condoms. And because she had known George for so long, she didn’t think to ask him about his sexual history. So, Grace was shocked when she tested positive for HIV.

What is HIV? What is AIDS?

Like most people, you probably have heard a lot about HIV and AIDS. You may have thought that these diseases weren’t your problem and that only younger people have to worry about them. But anyone at any age can get HIV/AIDS.

HIV (short for *human immunodeficiency virus*) is a virus that damages the immune system—the system your body uses to fight off diseases. HIV infection leads to a much more serious disease called AIDS (acquired immunodeficiency syndrome). When the HIV infection gets in your body, your immune system can weaken. This puts you in danger of getting other life-threatening diseases, infections, and cancers. When that happens, you have AIDS. AIDS is the last stage of HIV infection. If you think you may have HIV, it is very important to get tested. Today there are drugs that can help your body keep the HIV in check and fight against AIDS.

What Are the Symptoms of HIV/AIDS?

Many people have no symptoms when they first become infected with HIV. It can take as little as a few weeks for minor, flu-like symptoms to show up, or more than ten years for more serious symptoms to appear. Signs of HIV include headache, cough, diarrhea, swollen glands, lack of energy, loss of appetite and weight loss, fevers and sweats, repeated yeast infections, skin rashes, pelvic and abdominal cramps, sores in the mouth or on certain parts of the body, or short-term memory loss.

How Do People Get HIV and AIDS?

Anyone, at any age, can get HIV and AIDS. HIV usually comes from having unprotected sex or sharing needles with an infected person, or through contact with HIV-infected blood. No matter your age, you may be at risk if:

- *You are sexually active and do not use a latex or polyurethane condom.* You can get HIV/AIDS from having sex with someone who has HIV. The virus passes from the infected person to his or her partner in blood, semen, and vaginal fluid. During sex, HIV can get into your body through any opening, such as a
tear or cut in the lining of the vagina, vulva, penis, rectum, or mouth. Latex condoms can help prevent an infected person from transferring the HIV virus to you. (Natural condoms do not protect against HIV/AIDS as well as the latex and polyurethane types.)

- You do not know your partner’s drug and sexual history. What you don’t know can hurt you. Even though it may be hard to do, it’s very important to ask your partner about his or her sexual history and drug use. Here are some questions to ask: Has your partner been tested for HIV/AIDS? Has he or she had a number of different sex partners? Has your partner ever had unprotected sex with someone who has shared needles? Has he or she injected drugs or shared needles with someone else? Drug users are not the only people who might share needles. For example, people with diabetes who inject insulin or draw blood to test glucose levels might share needles.

- You have had a blood transfusion or operation in a developing country at any time.


Is HIV/AIDS Different in Older People?

A growing number of older people now have HIV/AIDS. About 19 percent of all...
people with HIV/AIDS in this country are age 50 and older. This is because doctors are finding HIV more often than ever before in older people and because improved treatments are helping people with the disease live longer.

But there may even be many more cases than we know about. Why? One reason may be that doctors do not always test older people for HIV/AIDS and so may miss some cases during routine checkups. Another may be that older people often mistake signs of HIV/AIDS for the aches and pains of normal aging, so they are less likely than younger people to get tested for the disease. Also, they may be ashamed or afraid of being tested. People age 50 and older may have the virus for years before being tested. By the time they are diagnosed with HIV/AIDS, the virus may be in the late stages.

The number of HIV/AIDS cases among older people is growing every year because:

- Older Americans know less about HIV/AIDS than younger people. They do not always know how it spreads or the importance of using condoms, not sharing needles, getting tested for HIV, and talking about it with their doctor.
- Health care workers and educators often do not talk with middle-age and older people about HIV/AIDS prevention.
- Older people are less likely than younger people to talk about their sex lives or drug use with their doctors.
- Doctors may not ask older patients about their sex lives or drug use or talk to them about risky behaviors.

Facts About HIV/AIDS

You may have read or heard things that are not true about how you get HIV/AIDS. Here are the FACTS:

- You cannot get HIV through casual contact such as shaking hands or hugging a person with HIV/AIDS.
- You cannot get HIV from using a public telephone, drinking fountain, restroom, swimming pool, Jacuzzi, or hot tub.
- You cannot get HIV from sharing a drink.
- You cannot get HIV from being coughed or sneezed on by a person with HIV/AIDS.
- You cannot get HIV from giving blood.
- You cannot get HIV from a mosquito bite.

Anyone facing a serious disease like HIV/AIDS may become very depressed. This is a special problem for older people, who may have no strong network of friends or family who can help. At the same time, they also may be coping with other diseases common to aging such as high blood pressure, diabetes, or heart problems. As the HIV/AIDS
gets worse, many will need help getting around and caring for themselves. Older people with HIV/AIDS need support and understanding from their doctors, family, and friends.

HIV/AIDS can affect older people in yet another way. Many younger people who are infected turn to their parents and grandparents for financial support and nursing care. Older people who are not themselves infected by the virus may find they have to care for their own children with HIV/AIDS and then sometimes for their orphaned or HIV-infected grandchildren. Taking care of others can be mentally, physically, and financially draining. This is especially true for older caregivers. The problem becomes even worse when older caregivers have AIDS or other serious health problems. Remember, it is important to get tested for HIV/AIDS early. Early treatment increases the chances of living longer.

**HIV/AIDS in People of Color and Women**

The number of HIV/AIDS cases is rising in people of color across the country. About half of all people with HIV/AIDS are African American or Hispanic.

The number of cases of HIV/AIDS for women has also been growing over the past few years. The rise in the number of cases in women of color age 50 and older has been especially steep. Most got the virus from sex with infected partners. Many others got HIV through shared needles. Because women may live longer than men and because of the rising divorce rate, many widowed, divorced, and separated women are dating these days. Like older men, many older women may be at risk because they do not know how HIV/AIDS is spread. Women who no longer worry about getting pregnant may be less likely to use a condom and to practice safe sex. Also, vaginal dryness and thinning often occurs as women age; when that happens, sexual activity can lead to small cuts and tears that raise the risk for HIV/AIDS.

**Treatment and Prevention**

There is no cure for HIV/AIDS. But if you become infected, there are drugs that help keep the HIV virus in check and slow the spread of HIV in the body. Doctors are now using a combination of drugs called HAART (*highly active antiretroviral therapy*) to treat HIV/AIDS. Although it is not a cure, HAART is greatly reducing the number of deaths from AIDS in this country.

**Prevention.** Remember, there are things you can do to keep from getting HIV/AIDS. Practice the steps below to lower your risk:

- If you are having sex, make sure your partner has been tested and is free of HIV.
- Use male or female condoms (latex or polyurethane) during sexual intercourse.
- Do not share needles or any other equipment used to inject drugs.
- Get tested if you or your partner had a blood transfusion between 1978 and 1985.
- Get tested if you or your partner has had an operation or blood transfusion in a developing country at any time.
For More Information

Health agencies in most cities offer HIV testing. The following national organizations have information about HIV/AIDS:

- **Centers for Disease Control and Prevention (CDC)**
  - National AIDS Hotline: 800-232-4636 (toll-free)
  - 888-232-6348 (TTY/toll-free)
  - www.cdc.gov
  - Operated 24 hours a day, 7 days a week, in English, en Español

- **CDC National Prevention Information Network**
  - P.O. Box 6003
  - Rockville, Maryland 20849
  - 800-458-5231 (toll-free)
  - 800-243-7012 (TTY/toll-free)
  - www.cdcnpin.org
  - Monday to Friday, 9 a.m. to 6 p.m. Eastern Time, in English, en Español

- **National Institute of Allergy and Infectious Diseases (NIAID)**
  - Office of Communications and Public Liaison
  - 6610 Rockledge Drive, MSC 6612
  - Bethesda, MD 20892
  - 301-496-5717
  - www.niaid.nih.gov

- **AIDSinfo**
  - P.O. Box 6303
  - Rockville, MD 20849
  - 800-448-0440 (toll-free)
  - 888-480-3739 (TTY/toll-free)
  - www.aidsinfo.nih.gov
  - Monday to Friday, 12 p.m. to 5 p.m. Eastern Time, in English, en Español

- **National Association on HIV Over Fifty**
  - 23 Miner Street
  - Boston, MA 02215
  - 617-233-7107
  - www.hivoverfifty.org

- **Senior Action in a Gay Environment (SAGE)**
  - 305 7th Avenue, 16th Floor
  - New York, NY 10001
  - 212-741-2247
  - www.sageusa.org

For more information about health and aging, contact:

- **National Institute on Aging Information Center**
  - P.O. Box 8057
  - Gaithersburg, MD 20898
  - 800-222-2225 (toll-free)
  - 800-222-4225 (TTY/toll-free)

- To order publications (in English or Spanish) online, visit www.niapublications.org.

- The National Institute on Aging website is www.nia.nih.gov.

- Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

June 2004
Menopause

“My mom never talked to me about menopause. She says her mother never talked about it either.”

“I’m not sad I’m past menopause. I’m glad those monthly periods are over.”

“Is it hot in here, or is it me?”

Menopause, or the “change of life,” is different for each woman. For example, hot flashes and sleep problems may trouble your sister. Meanwhile, you could have a new sense of freedom and energy. Your best friend might hardly be aware of a change at all.

What is Menopause?

Menopause is a normal part of life, just like puberty. It is the time of your last period, but symptoms can begin several years before that. And these symptoms can last for months or years after. Some time around 40, you might notice that your period is different—how long it lasts, how much you bleed, or how often it happens may not be the same. Or, without warning, you might find yourself feeling very warm during the day or in the middle of the night. Changing levels of estrogen and progesterone, which are two female hormones made in your ovaries, might lead to these symptoms.

This time of change, called perimenopause by many women and their doctors, often begins several years before your last menstrual period. It lasts for 1 year after your last period, the point in time known as menopause. A full year without a period is needed before you can say you have been “through menopause.” Postmenopause follows menopause and lasts the rest of your life.

Menopause doesn’t usually happen before you are 40, but it can happen any time from your 30s to your mid 50s or later. The average age is 51. Smoking can lead to early menopause. Some types of surgery can bring on menopause. For example, removing your uterus (hysterectomy) before menopause will make your periods stop, but your ovaries will still make hormones. That means you could still have symptoms of menopause like hot flashes when your ovaries start to make less estrogen. But, when both ovaries are also removed (oophorectomy), menopause symptoms
can start right away, no matter what your age is, because your body has lost its main supply of estrogen.

**What Are the Signs of Menopause?**

Women may have different signs or symptoms at menopause. That’s because estrogen is used by many parts of your body. So, changes in how much estrogen you have can cause assorted symptoms. But, that doesn’t mean you will have all, or even most, of them. In fact, some of the signs that happen around the time of menopause may really be a result of growing older, not changes in estrogen.

**Changes in your period.** This might be what you notice first. Your period may no longer be regular. How much you bleed could change. It could be lighter than normal. Or, you could have a heavier flow. Periods may be shorter or last longer. These are all normal results of changes in your reproductive system as you grow older. But, just to make sure there isn’t a problem, see your doctor if:

- Your periods are coming very close together,
- You have heavy bleeding,
- You have spotting, or
- Your periods are lasting more than a week.

**Hot flashes.** These are very common around the time of menopause because they are related to changing estrogen levels. These may last a few years after menopause. A *hot flash* is a sudden feeling of heat in the upper part or all of your body. Your face and neck become flushed. Red blotches may appear on your chest, back, and arms. Heavy sweating and cold shivering can follow. Flashes can be as mild as a light blush or severe enough to wake you from a sound sleep (called *night sweats*). Most hot flashes last between 30 seconds and 10 minutes.

**Problems with the vagina and bladder.** Changing estrogen levels can cause your genital area to get drier and thinner. This could make sexual intercourse uncomfortable. You could have more vaginal or urinary infections. You might find it hard to hold urine long enough to get to the bathroom. Sometimes your urine might leak during exercise, sneezing, coughing, laughing, or running.

**Sex.** Around the time of menopause you may find that your feelings about sex have changed. You could be less interested. Or, you could feel freer and sexier after menopause. You can stop worrying about becoming pregnant after one full year without a period. But, remember you can’t ever stop worrying about sexually-transmitted diseases (STDs), such as HIV/AIDS or gonorrhea. If you think you might be at risk for an STD, make sure your partner uses a condom each time you have sex.

**Sleep problems.** You might start having trouble getting a good night’s sleep. Maybe
you can’t fall asleep easily, or you wake too early. Night sweats might wake you up. You might have trouble falling back to sleep if you wake during the night.

**Mood changes.** You might find yourself more moody, irritable, or depressed around the time of menopause. It’s not clear why this happens—is there is a connection between changes in estrogen levels and emotions or not? It’s possible that stress, family changes such as growing children or aging parents, or always feeling tired could be causing these mood changes.

**Changes in your body.** You might think your body is changing. Your waist could get larger. You could lose muscle and gain fat. Your skin could get thinner. You might have memory problems, and your joints and muscles could feel stiff and achy. Are these a result of having less estrogen or just related to growing older? We don’t know.

**What About My Heart and Bones?**

Two common health problems can start to happen at menopause, and you might not even notice.

**Osteoporosis.** Day in and day out your body is busy breaking down old bone and replacing it with new healthy bone. Estrogen helps control bone loss. So losing estrogen around the time of menopause causes women to begin to lose more bone than is replaced. In time, bones can become weak and break easily. This condition is called osteoporosis. Talk to your doctor to see if you should have a bone density test to find out if you are at risk for this problem. Your doctor can also suggest ways to prevent or treat osteoporosis.

**Heart disease.** After menopause, women are more likely to have heart disease. Changes in estrogen levels may be part of the cause. But, so is getting older. As you age, you may develop other problems, like high blood pressure or weight gain, that put you at greater risk for heart disease. Be sure to have your blood pressure and levels of triglycerides, fasting blood glucose, and LDL, HDL, and total cholesterol checked regularly. Talk to your health care provider to find out what you should do to protect your heart.

**How Can I Stay Healthy After Menopause?**

Staying healthy after menopause may mean making some changes in the way you live.

- Don’t smoke. If you do use any type of tobacco, stop—it’s never too late to benefit from quitting smoking.
- Eat a healthy diet—one low in fat, high in fiber, with plenty of fruits, vegetables, and whole-grain foods, as well as all the important vitamins and minerals.
■ Make sure you get enough calcium and vitamin D—in your diet or in vitamin and mineral supplements.
■ Learn what your healthy weight is, and try to stay there.
■ Do weight-bearing exercise, such as walking, jogging, or dancing at least 3 days each week for healthy bones. But try to be physically active in other ways for your general health.

Other things to remember:

■ Take medicine to lower your blood pressure if your doctor prescribes it for you.
■ Use a water-based vaginal lubricant (*not* petroleum jelly) or a vaginal estrogen cream or tablet to help with vaginal discomfort.
■ Get regular pelvic and breast exams, Pap tests, and mammograms. You should also be checked for colon and rectal cancer and for skin cancer. Contact your doctor right away if you notice a lump in your breast or a mole that has changed.

Are you bothered by hot flashes? Menopause is not a disease that has to be treated. But you might need help with symptoms like hot flashes. Here are some ideas that have helped some women:

■ Try to keep track of when hot flashes happen—a diary can help. You might be able to use this information to find out what triggers your flashes and then avoid it.

■ When a hot flash starts, go somewhere cool.
■ If night sweats wake you, try sleeping in a cool room or with a fan on.
■ Dress in layers that you can take off if you get too warm.
■ Use sheets and clothing that let your skin “breathe.”
■ Have a cold drink (water or juice) when a flash is starting.

You could also talk to your doctor about whether there are any medicines to manage hot flashes. Gabapentin, megestrol acetate, and certain antidepressants seem to be helpful to some women.

What About Those Lost Hormones?

These days you hear a lot about whether you should use hormones to help relieve some menopause symptoms. It’s hard to know what to do.

During perimenopause, some doctors suggest birth control pills to help with very heavy, frequent, or unpredictable menstrual periods. These pills might also help with symptoms like hot flashes, as well as prevent pregnancy.

As you get closer to menopause, you might be bothered more by symptoms like hot flashes, night sweats, or vaginal dryness. Your doctor might then suggest
taking estrogen (as well as progesterone, if you still have a uterus). This is known as menopausal hormone therapy (MHT). Some people still call it hormone replacement therapy or HRT. Taking these hormones will probably help with menopause symptoms and prevent the bone loss that can happen at menopause. However, there is a chance your symptoms will come back when you stop MHT.

Also, menopausal hormone therapy has risks. That is why the U.S. Food and Drug Administration suggests that women who want to try MHT to manage their hot flashes or vaginal dryness use the lowest dose that works for the shortest time it’s needed.

Right now, there is a lot that is unknown about taking hormones around menopause. Use the resource listing at the end of this Age Page if you would like to learn more about menopause or if you want the latest information on menopausal hormone therapy.

**Do Phytoestrogens Help?**

Phytoestrogens are estrogen-like substances found in some cereals, vegetables, legumes (beans), and herbs. They might work in the body like a weak form of estrogen. They might relieve some symptoms of menopause, but they could also carry risks like estrogen. We don’t know. Be sure to tell your doctor if you decide to try eating a lot more foods that contain phytoestrogens or to try using an herbal supplement. Any food or over-the-counter product that you use for its drug-like effects could change how other prescribed drugs work or cause an overdose.

**How Do I Decide What to Do?**

Talk to your health care provider for help deciding how to best manage menopause. You can see a gynecologist, geriatrician, general practitioner, or internist. Talk about your symptoms and whether they bother you. Make sure the doctor knows your medical history and your family medical history. This includes whether you are at risk for heart disease, osteoporosis, and breast cancer. Remember that your decision is never final. You can—and should—review it with your doctor during a checkup. Your needs may change, and so might what we know about menopause.

A hundred years ago life expectancy was a lot shorter. Reaching menopause then often meant that a woman’s life was nearing its end. Not so now. Women are living much longer. Today, a woman turning 50 can expect to live, on average, almost 32 more years. You have the time and freedom to make them active, busy years. Follow a healthy lifestyle and plan to make the most of those years ahead of you!
For More Information

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<tr>
<th>National Institutes of Health Menopausal Hormone Therapy Information</th>
<th>North American Menopause Society</th>
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<td><a href="http://www.nih.gov/PHTindex.htm">www.nih.gov/PHTindex.htm</a></td>
<td>P.O. Box 94527, Cleveland, OH 44101 440-442-7550</td>
<td>The National Institute on Aging website is <a href="http://www.nia.nih.gov">www.nia.nih.gov</a>.</td>
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<td><a href="http://www.medlineplus.gov">www.medlineplus.gov</a></td>
<td>For more information on health and aging, including menopausal hormone therapy and osteoporosis, contact:</td>
<td>from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.</td>
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For more detailed answers to your questions about menopause, contact:
Helen grew up on a farm in the Midwest. She drank lots of milk as a child. She also walked a lot. After graduating from high school, she got married and found a job. Family and work kept her too busy to exercise. Helen went through menopause at age 47. At age 76, she was enjoying retirement—traveling and working in her garden. But then she slipped on a small rug in her kitchen and broke her hip. After Helen recovered, she needed a cane to walk, and gardening was a lot harder to enjoy.

Helen had osteoporosis, but she didn’t know it before she fell. Osteoporosis is a disease that weakens bones to the point where they break easily—most often bones in the hip, backbone (spine), and wrist. Osteoporosis is called the “silent disease”—you may not notice any changes until a bone breaks. But your bones have been losing strength for many years.

Bone is living tissue. To keep bones strong, your body is always breaking down old bone and replacing it with new bone tissue. As people enter their forties and fifties, more bone is broken down than is replaced. A close look at the inside of bone shows something like a honeycomb. When you have osteoporosis, the spaces in this honeycomb grow larger. And the bone that forms the honeycomb gets smaller. The outer shell of your bones also gets thinner. All this loss makes your bones weaker.

Who Has Osteoporosis?

Millions of Americans have osteoporosis. They are mostly women, but more than two million men also have this disease. White and Asian women are most likely to have osteoporosis. Other women at great risk include those who:

- Have a family history of the disease,
- Have broken a bone while an adult,
- Had surgery to remove their ovaries before their periods stopped,
- Had early menopause,
- Have not gotten enough calcium throughout their lives,
- Had extended bed rest,
- Used certain medicines for a long time, or
- Have a small body frame.

The risk of osteoporosis grows as you get older. At the time of menopause women may lose bone quickly for several years. After that, the loss slows down, but continues. In men the loss of bone mass is slower. But, by age 65 or 70 men and women are losing bone at the same rate.

What is Osteopenia?

Millions more Americans have osteopenia. Whether your doctor calls it osteopenia or
just says you have low bone mass, consider it a warning. Bone loss has started, but you can still take action to keep your bones strong and maybe prevent osteoporosis later in life. That way you will be less likely to break a wrist, hip, or vertebrae (bone in your spine) when you are older.

**Can My Bones be Tested?**

For some people the first sign of osteoporosis is to realize they are getting shorter or to break a bone easily, like Helen. Don’t wait until that happens to see if you have osteoporosis. You can have a bone density test to find out how solid your bones are. Your doctor may suggest a type of bone density test called a DEXA-scan (dual-energy x-ray absorptiometry) if you are age 65 or older or if he or she thinks you are at risk for osteoporosis.

The DEXA-scan tells what your risk for a fracture or broken bone is. It could show that you have normal bone density. Or, it could show that you have low bone mass or even osteoporosis.

**How Can I Keep My Bones Strong?**

There are things you should do at any age to prevent weakened bones. Eating foods that are rich in calcium and vitamin D is important. So is including regular weight-bearing exercise in your lifestyle. These are the best ways to keep your bones strong and healthy.

**Calcium.** Getting enough calcium all through your life helps to build and keep strong bones. People over age 50 need 1,200 mg of calcium every day. Foods that are high in calcium are the best source. For example, eat low-fat dairy foods, canned fish with soft bones such as salmon, dark green leafy vegetables, and calcium-fortified foods like orange juice, breads, and cereals.

If you think you aren’t getting enough calcium in your diet, check with your doctor first. He or she may tell you to try a calcium supplement. Calcium carbonate and calcium citrate are two common forms. You have to be careful though. Too much calcium can cause problems for some people. On most days you should not get more than 2,500 mg of total calcium. That includes calcium from all sources—foods, drinks, and supplements.

**Vitamin D.** Your body uses vitamin D to absorb calcium. Most people’s bodies are able to make enough vitamin D if they are out in the sun for a total of 20 minutes every day. You can also get vitamin D from eggs, fatty fish, and cereal and milk fortified with vitamin D. If you think you are not getting enough vitamin D, check with your doctor. Each day you should have:

- 400 IU (international unit) if you are age 51–70, or
- 600 IU if you are over age 70.
As with calcium, be careful. More than 2,000 IU of vitamin D each day may cause side effects.

**Exercise.** Your bones and muscles will be stronger if you are physically active. Weight-bearing exercises, done three to four times a week, are best for preventing osteoporosis. Walking, jogging, playing tennis, and dancing are examples of weight-bearing exercises. Try some strengthening and balance exercises, too. They may help you avoid falls which could cause a broken bone.

**Medicines.** Some common medicines can make bones weaker. These include a type of steroid drug called glucocorticoids used for arthritis and asthma, some antiseizure drugs, certain sleeping pills, treatments for endometriosis, and some cancer drugs. An overactive thyroid gland or using too much thyroid hormone for an underactive thyroid can also be a problem. If you are taking these medicines, talk to your doctor about what you can do to help protect your bones.

**Lifestyle.** Smoking increases loss of bone mass. For this and many other health reasons, stop smoking. Limit how much alcohol you drink. Too much alcohol can put you at risk for falling and breaking a bone.

**What Can I Do for My Osteoporosis?**

Treating osteoporosis means stopping the bone loss and rebuilding bone to prevent breaks. Diet and exercise can help make your bones stronger. But they may not be enough if you have lost a lot of bone density. There are also several medicines to think about. Some will slow your bone loss, and others can help rebuild bone. Talk with your doctor to see if one of these might work for you:

- **Alendronate or risedronate.** These medicines are bisphosphonates, drugs that slow the breakdown of bone and increase bone density. They can make it less likely that you will break a bone, most of all in your spine, hip, or wrist. Side effects may include nausea, heartburn, and stomach pain. A few people have muscle, bone, or joint pain while using these medicines. These drugs must be taken in a certain way—when you first get up, before you have eaten, and with a full glass of water. You **should not** lie down, eat, or drink for at least one-half hour after taking the drug. Even if you follow the directions closely, these drugs can cause serious digestive problems so be aware of any side effects. These pills are available in both once-daily and once-a-week versions.

- **Raloxifene.** This drug is used to prevent and treat osteoporosis. It is a SERM (selective estrogen receptor modulator). It prevents bone loss and spine fractures, but may cause hot flashes or increase the risk of blood clots in some women.

- **Estrogen.** Doctors sometimes prescribe this female hormone around the time of menopause to treat symptoms like hot flashes or vaginal dryness. Estrogen also slows bone loss and increases bone mass.
in your spine and hip, so women can use it to prevent or treat osteoporosis. But, estrogen use is thought to be risky for some women. Talk to your doctor. Ask about the benefits, risks, and side effects, as well as other possible treatments for you.

- **Calcitonin.** This hormone increases bone mass in your spine and can lessen the pain of fractures already there. It comes in two forms—a shot or nasal spray. The shot may cause an allergic reaction and has some side effects like nausea, diarrhea, or redness in your face, ears, hands, or feet. The only side effect of the nasal spray is a runny nose in some people. Calcitonin is most useful for women who are five years past menopause.

- **Parathyroid hormone (PTH).** Also called teriparatide, this shot is given daily for up to two years to postmenopausal women and men who are at high risk for broken bones. It improves bone density in the spine and hip. Common side effects include nausea, dizziness, and leg cramps.

### Can I Avoid Falling?

When your bones are weak, a simple fall can cause a broken bone. This can mean a trip to the hospital and maybe surgery. It might also mean being laid up for a long time, especially in the case of a hip fracture. So, it is important to prevent falls. Some things you can do are:

- Make sure you can see and hear well. Use your glasses or a hearing aid if needed.
- Ask your doctor if any of the drugs you are taking can make you dizzy or unsteady on your feet.
- Use a cane or walker if your walking is unsteady.
- Wear rubber-soled and low-heeled shoes.
- Make sure all the rugs and carpeting in your house are firmly attached to the floor, or don’t use them.
- Keep your rooms well lit and the floor free of clutter.
- Use nightlights.

You can find more suggestions in the National Institute on Aging’s Preventing Falls and Fractures Age Page, available from the National Institute on Aging Information Center.

### Do Men Have Osteoporosis?

Osteoporosis is not just a woman’s disease. Not as many men have it as women do, but men need to worry about it as well. This may be because most men start with more bone density than women and lose it more slowly as they grow older.

Experts don’t know as much about this disease in men as they do in women. However, many of the things that put men at risk are the same as those for women:

- Family history,
- Not enough calcium or vitamin D,
Too little exercise,
Low levels of testosterone,
Too much alcohol,
Taking certain drugs, or
Smoking.

Older men who break a bone easily or are at risk for osteoporosis should talk with their doctors about testing and treatment. Men can use alendronate, risedronate, or parathyroid hormone to increase bone density. Testosterone supplements may help some men with low levels of testosterone.

For More Information

The organizations listed below offer more information about some of the topics mentioned in this fact sheet:

National Osteoporosis Foundation
1232 22nd Street, NW
Washington, DC 20037-1292
202-223-2226
www.nof.org

National Institutes of Health Osteoporosis and Related Bone Diseases—National Resource Center
2 AMS Circle
Bethesda, MD 20892-3676
800-624-2663 (toll-free)
202-466-4315 (TTY)
www.osteopen.org

National Library of Medicine MedlinePlus
www.medlineplus.gov

The National Institute on Aging has information on health and aging, including a booklet and video about exercise for older people and several helpful Age Pages. Contact:
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)
■ To order publications (in English or Spanish) online, visit www.niapublications.org.

The National Institute on Aging website is www.nia.nih.gov.
Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

December 2004
Prostate Problems

The prostate is a small organ about the size of a walnut. It is found below the bladder (where urine is stored) and surrounds the tube that carries urine away from the bladder (urethra). The prostate makes a fluid that becomes part of semen. Semen is the white fluid that contains sperm.

Prostate problems are common in men age 50 and older. Sometimes men feel symptoms themselves, or sometimes their doctors find prostate problems during routine exams. Doctors who are experts in diseases of the urinary tract (urologists) diagnose and treat prostate problems.

There are many different kinds of prostate problems. Many don’t involve cancer, but some do. Treatments vary, but prostate problems can often be treated without affecting sexual function.

Common Problems

There are several common prostate problems including:

**Acute prostatitis** is an infection of the prostate caused by bacteria. It usually starts fast and can cause fever, chills, or pain in the lower back and between the legs. It also can cause pain when you urinate. If you have these symptoms, see your doctor right away. Antibiotic drugs usually help heal the infection and relieve the symptoms. Your doctor also may suggest that you drink more liquids.

**Chronic prostatitis** is a prostate infection that keeps coming back time after time. Symptoms may be milder than in acute prostatitis, but they can last longer. Chronic prostatitis can be hard to treat. Antibiotics may work if bacteria are causing the infection. But if bacteria are not the cause, antibiotics won’t work. Massaging the prostate sometimes helps to release fluids. Warm baths also may bring relief. Often chronic prostatitis clears up by itself.

**Benign prostatic hyperplasia (BPH)** is the term used to describe an enlarged prostate. BPH is common in older men. Over time, an enlarged prostate may block the urethra, making it hard to urinate. It may cause dribbling after you urinate or a frequent urge to urinate, especially at night. Your doctor will conduct a rectal exam to diagnose BPH. The doctor also may look at your urethra, prostate, and bladder.

Treatment choices for BPH include:

- **Watchful waiting.** If your symptoms are not troubling, your doctor may suggest that you wait before starting any treatment. In that case, you will need regular checkups to make sure the condition does not get worse.
- **Alpha-blockers** (some generic names are doxazosin, terazosin) are medicines that can relax muscles near the prostate and ease symptoms. Side effects may include headaches, dizziness, or feeling lightheaded or tired.
Finasteride (Proscar) acts on the male hormone (testosterone) to shrink the prostate. Side effects of this medication can include less interest in sex and problems with erection or ejaculation.

Surgery also can relieve symptoms. But surgery can cause complications. Also, it does not protect against prostate cancer. Talk with your doctor about this treatment choice. Regular checkups are important even for men who have had BPH surgery.

There are three kinds of surgery:

- **Transurethral resection** of the prostate (TURP) is the most common type of surgery. While the patient is under anesthesia, the doctor uses a special device to take out part of the prostate and remove the blockage.

- **Transurethral incision** of the prostate (TUIP) may be used when the prostate is not too enlarged. The doctor makes a few small cuts in the prostate near the opening of the bladder. This relaxes the bladder muscles and improves the flow of urine.

- **Open surgery** is used when the prostate is very enlarged. In this process, prostate tissue is removed directly rather than through the urethra.

Prostate Cancer

Prostate cancer is one of the most common types of cancer among American men. It is more common among African American men than white men. Treatment for prostate cancer works best when the disease is found early.

Diagnosing Prostate Cancer

Doctors will ask questions about your medical history and perform a physical exam to find the cause of prostate problems. In the exam, the doctor feels the prostate through the rectal wall. Hard or lumpy areas may mean that cancer is present.

Your doctor also may suggest a blood test to check your prostate specific antigen (PSA) level. PSA levels may be high in men who have an enlarged prostate gland or prostate cancer. PSA tests are very useful for early cancer diagnosis. But PSA test results alone do not always tell whether or not cancer is present.

When doctors suspect cancer, they also may perform a biopsy. Using this simple method, doctors can take out a small piece of the prostate and look at it under a microscope.

Prostate Cancer Treatment

There are many options for treating prostate cancer. Each treatment plan is based on details, such as whether or not the cancer has spread beyond the prostate (stage of cancer), your age and general health, and how you feel about the
treatment options and side effects. Some of the treatment choices include:

**Watchful waiting.** As with BPH, if the cancer is slow growing and not causing problems, you may decide not to have treatment right away. Instead, your doctor will watch closely for changes in your condition. Men who are older or have another serious illness often choose this option.

**Surgery** is used to take out the cancer. Among the different types of surgery for prostate cancer are:

- **Radical prostatectomy.** This surgery takes out the entire prostate and nearby tissues. Side effects may include lack of sexual function (impotence) or problems holding urine (incontinence). Improvements in surgery now make it possible for some men to keep their sexual function. Some men with trouble holding urine may regain control within several weeks of surgery. Others continue to have problems that require them to wear a pad.

- **Cryosurgery** kills the cancer by freezing it.

**Radiation therapy** uses high-energy X-rays to kill cancer cells and shrink tumors. Radiation therapy sometimes is beamed into the prostate from outside the body. It can cause problems with impotence and bowel function.

- **Brachytherapy** is a type of radiation therapy often used when the cancer is found only in the prostate gland. It also is sometimes called internal radiation, implant radiation, or interstitial radiation therapy. In this treatment, the doctor places radioactive “seeds” directly into the prostate. This focuses the radiation directly on the cancer and lowers the chance of affecting other, healthy areas around the prostate.

**Hormone therapy** stops cancer cells from growing. The growth of prostate cancer often depends on testosterone. Drug treatment is one effective way to block testosterone. This treatment is often used for prostate cancer that has spread to other parts of the body.

You can get more detailed information on the pros and cons of these treatment choices by calling the National Cancer Institute’s Cancer Information Service at 800-422-6237. Ask for prostate cancer information in “PDQ for Patients.”

### Protecting Yourself

These are the signs of prostate problems:

- Frequent urge to urinate,
- Blood in urine or semen,
- Painful or burning urination,
- Difficulty in urinating,
- Difficulty in having an erection,
- Painful ejaculation,
- Frequent pain or stiffness in lower back, hips, or upper thighs,
- Inability to urinate, or
- Dribbling of urine.

If you have any of these symptoms, see your doctor right away to find out if you need treatment.
For More Information

More information on prostate problems is available from:

**National Cancer Institute**
Cancer Information Service
800-422-6237 (toll-free)
800-332-8615 (TTY/toll-free)
www.cancer.gov

**American Cancer Society**
1599 Clifton Road, NE
Atlanta, GA 30329
800-227-2345 (toll-free)
404-320-3333
www.cancer.org

**American Urological Association Foundation, Inc.**
1000 Corporate Boulevard
Linthicum, MD 21090
866-746-4282 (toll-free)
410-689-3700
www.urologyhealth.org

**For more information about health and aging, contact:**
**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

- To order publications (in English or Spanish) online, visit www.niapublications.org.
- The National Institute on Aging website is www.nia.nih.gov.
- Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

January 2002
What is Shingles?

Shingles is a disease that affects nerves and causes pain and blisters in adults. It is caused by the same varicella-zoster virus that causes chickenpox. After you recover from chickenpox, the virus does not leave your body, but continues to live in some nerve cells. For reasons that aren’t totally understood, the virus can become active instead of remaining inactive. When it’s activated, it produces shingles.

Just like chickenpox, people with shingles will feel sick and have a rash on their body or face. The major difference is that chickenpox is a childhood illness, while shingles targets older people. Most adults live with the virus in their body and never get shingles. But about one in five people who have had chickenpox will get shingles later in life—usually after the age of 50.

When the activated virus travels along the path of a nerve to the surface of the skin, a rash will appear. It usually shows up as a band on one side of the face or body. The word “shingles” comes from the Latin word for belt or girdle because often the rash is shaped like a belt.

Who is at Risk?

People with the varicella-zoster virus in their body can be at risk for getting shingles.

Right now there is no way of knowing who will get the disease. But, there are things that make you more likely to get shingles.

- **Advanced age.** The risk of getting shingles increases as you age. People have a hard time fighting off infections as they get older. The chance of getting shingles becomes much higher by age 70.

- **Trouble fighting infections.** Your immune system is the part of your body that fights off infections. Age can affect your immune system. So can an HIV infection, cancer, cancer drugs, radiation treatments, or organ transplant. Even stress or a cold can weaken your immune system for a short time and put you at risk for shingles.

What Are the Symptoms of Shingles?

Most people have some of the following symptoms.

Ruth, a 79-year-old woman, said her case of shingles was causing her so much pain she couldn’t bear to put on her clothes or have sheets touch her skin. Ruth was sick for several months. Her friend, Sarah, had it easier. Shingles made Sarah feel sick for a few days, and she had some discomfort. But she was back to her old self in a few weeks. Sarah noted, “Having shingles wasn’t so bad.”
- Burning, tingling, or numbness of the skin,
- Feeling sick—chills, fever, upset stomach, or headache,
- Fluid-filled blisters,
- Skin that is sensitive to touch, or
- Mild itching to strong pain.

Shingles follows a pattern. A few days after the tingling or burning feeling on the skin, a red rash will come out on your body, face, or neck. In a few days, the rash will turn into fluid-filled blisters. The blisters dry up and crust over within several days. The rash usually happens on one side of the body. Most cases of shingles last from 3–5 weeks.

**Do You Need a Doctor?**

George, age 67, had a red rash on his face and felt sick. His wife urged him to see a doctor, but he told her, “It’s just a rash. I’ll be all right in a few days.” His wife insisted that he go to the doctor. The doctor told George that he had shingles and ordered some medicine for him.

It’s important to go to your doctor no later than three days after the rash starts. The doctor needs to see the rash to confirm what you have and make a treatment plan. Although there is no cure for shingles, early treatment with drugs that fight the virus can help. Shingles can often be treated at home. Patients with shingles rarely need to stay in a hospital.

**How is Shingles Treated?**

For people with severe symptoms, there are many medications your doctor can prescribe to treat shingles. These include medicines that:

- Fight the virus—antiviral drugs,
- Lessen pain and shorten the time you’re sick—steroids,
  - Help with pain relief antidepressants and anticonvulsants, or
  - Reduce pain—analgesics.

When started within 72 hours of getting the rash, these medicines help shorten the length of the infection and lower the risk of other problems.

**Why Does the Pain Go On and On?**

After the rash goes away, some people may be left with long lasting pain called post-herpetic neuralgia or PHN. The pain is felt in the same area where the rash had been. For some people, PHN is the longest lasting and worst part of shingles. The pain can make some people feel weak and unable to do things they usually enjoy. Those who have had PHN say the pain is sharp, throbbing, or stabbing. Their skin is so sensitive they can’t bear to wear even soft, light clothing. People who have PHN call it a pain that won’t go away.

The older you are when you get shingles, the greater your chance of developing PHN. This pain can last for weeks, months, or even years.
“I’ve had post-herpetic neuralgia for nine months,” said Pete, an 80-year-old man. “I’ve lost 20 pounds. I can’t find anything that helps with the pain.”

The PHN pain can cause depression, anxiety, sleeplessness, and weight loss. Some people with PHN find it hard to go about their daily activities like dressing, cooking, and eating. Talk to your doctor if you have any of these problems. There are medicines that may help. Usually PHN will get better over time.

What Are Other Complications?

In some cases, blisters can become infected. Scarring of the skin may result. Your doctor can prescribe an antibiotic treatment. Keep the area clean, and try not to scratch!

There are other problems to watch for. If blisters occur near or in the eye, lasting eye damage or blindness may result. This can be very serious. See an eye doctor right away.

Other problems may include hearing loss or a brief paralysis of the face. In a small number of cases, swelling of the brain (encephalitis) can occur. It’s very important to go to the doctor as soon as possible—especially if you have blisters on your face.

Can You Catch Shingles?

No, shingles is not contagious. You can’t catch shingles from someone who has it. But you can catch chickenpox from someone with shingles. So, if you’ve never had chickenpox, try to stay away from anyone who has shingles.

Flo, a 77-year-old woman notes, “My daughter stayed away when I had shingles. She’d never had chickenpox and didn’t want to risk catching it. Good thing my sister lived nearby and could help me during those first few weeks.”

Will Shingles Return?

Most people get shingles only once. But it is possible to have it more than once.

What Can You Do?

If you have shingles, here are some things that may make you feel better:

- Make sure you get enough rest, avoid stress as much as you can, and eat well-balanced meals.
- Simple exercises like stretching or walking can help. Check with your doctor first.
- Dip a washcloth in cool water and apply it to your blisters to ease the pain and help dry the blisters.
■ Do things that take your mind off your pain. Watch TV, read interesting books, talk with friends, or work on a hobby you like.
■ Try to relax. Stress can make the pain worse. Listen to music that helps you relax.
■ Share your feelings about your pain with family and friends. Ask for their help.

What’s in the Future?
The Shingles Prevention Study (SPS) is a five-year nationwide study of an experimental vaccine to prevent shingles. This vaccine is similar to the vaccine that children have been receiving since 1995 to prevent chickenpox. Scientists hope that the adult vaccine to prevent shingles will be offered in the future.

For More Information
For more information about shingles and pain management, you can call or write:

National Institute of Allergy and Infectious Diseases
6610 Rockledge Drive MSC 6612
Bethesda, MD 20892
301-496-5717
www.niaid.nih.gov

National Institute of Neurological Disorders and Stroke
P.O. Box 5801
Bethesda, MD 20824
800-352-9424 (toll-free)
301-468-5981 (TTY)
www.ninds.nih.gov

American Chronic Pain Association
P.O. Box 850
Rocklin, CA 95677-0850
800-533-3231 (toll-free)
www.theacpa.org

National Chronic Pain Outreach Association
P.O. Box 274
Millboro, VA 24460
540-862-9437
www.chronicpain.org

National Foundation for the Treatment of Pain
P.O. Box 70045
Houston, TX 77270-0045
713-862-9332
www.paincare.org

VZV Research Foundation
40 East 72nd Street
New York, NY 10021
800-472-8478 (toll-free)
www.vzvfoundation.org

For more information about health and aging, contact:
National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

■ To order publications (in English or Spanish) online, visit www.niapublications.org.
■ The National Institute on Aging website is www.nia.nih.gov.
■ Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

June 2004
John and Edith were eating dinner one night when John asked Edith a question. She began to answer, but couldn’t speak. John knew something was very wrong. Could Edith have had a stroke? Without waiting, he called 911. The ambulance took Edith to the hospital right away. Emergency room doctors confirmed John’s fear…it was a stroke. But because of John’s quick action in calling for help, Edith got the medical care she needed without delay. She got well quickly, her speech came back, and she’s once again having long talks with John at dinner.

Edith was lucky. Stroke is the third leading cause of death in the United States after heart disease and cancer. It is a major cause of physical and mental disabilities in older adults. And every year, more and more people are affected when they or someone they know has a stroke.

What is a Stroke?

A stroke happens when blood can’t flow to a part of the brain. When the brain doesn’t get the oxygen and nutrients it needs from the blood, its cells are damaged or begin to die. If brain cells are only hurt, they sometimes can be repaired. But brain cells that have died can’t be brought back to life. This means that the brain may stop sending signals to other parts of the body that control things like speaking, thinking, and walking.

There are two major types of strokes. The most common kind (ischemic) is caused by blood clots or the narrowing of a blood vessel (artery) leading to the brain. The clot keeps blood from flowing into other regions of the brain and prevents needed oxygen and nutrients from reaching brain cells in these regions. The second major kind of stroke (hemorrhagic) happens when a broken blood vessel (artery) causes bleeding in the brain. This break also stops oxygen and nutrients from reaching brain cells.

Stroke is an Emergency. Call 911.

Never ignore the warning signs of stroke. The warning signs of a stroke may last only a few minutes and then go away. When this happens, it could be a mini-stroke, which is called a TIA (transient ischemic attack).

This is also a medical emergency that requires attention right away. An unrecognized and untreated TIA can be followed within hours by a major disabling stroke. Always pay attention to any stroke symptoms, even if they are fleeting.
Call 911 RIGHT AWAY if you see or have any of these warning signs:

- Sudden numbness or weakness in the face, arm, or leg—especially on one side of the body,
- Sudden confusion, trouble speaking or understanding,
- Sudden problems seeing in one eye or both eyes,
- Sudden dizziness, loss of balance or coordination, or trouble walking,
- Sudden severe headache with no known cause.

DON’T IGNORE THE SIGNS!

What If It Is a Stroke?

Recovery from a stroke is most successful if treatment begins within the first three hours after symptoms appear. The clot-busting drug t-PA can greatly lower the damage caused by a stroke, but it must be given within the three hour time frame. Getting to the hospital as soon as possible allows time for a CT scan of the brain. This scan will show whether t-PA is the right treatment. Only patients with ischemic stroke, caused by a clot, are candidates for this treatment. The doctor will diagnose stroke based on the patient’s symptoms, medical history, and medical tests that let doctors look closely at the brain to see the type and location of the stroke.

There are many different ways to help people recover from a stroke. Drugs and physical therapy work to improve balance, coordination, and other deficits from the stroke such as speech and language problems. Occupational therapy can make it easier to do things like bathing and cooking. Many therapies start in the hospital and continue at home.

A family doctor can provide follow-up care. Progress is different for each person. Some people recover fully soon after a stroke. Others take months or even years. Sometimes the damage is so serious that therapy cannot help at all.

Lower Your Risk of Stroke

Talk to your doctor about what you can do to lower your risk of stroke. Even if you’re in perfect health, follow these important suggestions:

- Control your blood pressure. Have your blood pressure checked often. If it is high, follow your doctor’s advice to lower it. Treating high blood pressure lowers the risk of both stroke and heart disease.
- Stop smoking. Smoking is linked to increased risk for stroke. Quitting smoking at any age lowers the risk for stroke as well as for a lot of other serious diseases.
- Exercise regularly. Activities such as brisk walking, riding a bicycle, swimming, and yard work lower the risk of both stroke and heart disease. Researchers think that exercise may make the heart stronger and improve blood flow. Before you start a vigorous
exercise program, be sure to check with your doctor.

- **Eat healthy foods.** Eat foods that are low in fats, cholesterol, and saturated fatty acids. Include a variety of fruits and vegetables in your daily diet.

- **Control your diabetes.** If you have diabetes, work with your doctor to get it under control. Untreated diabetes can damage blood vessels and lead to a build up of fatty deposits in the arteries (atherosclerosis). This narrows arteries and blocks normal blood flow. A blocked artery will lead to a stroke.

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**For More Information**

Here are other resources for answers to your questions about stroke:

**National Institute of Neurological Disorders and Stroke**
Information Office
P.O. Box 5801
Bethesda, MD 20824-5801
800-352-9424 (toll-free)
www.ninds.nih.gov

**National High Blood Pressure Education Program**
NHLBI Health Information Center
P.O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
www.nhlbi.nih.gov

**National Stroke Association**
9707 East Easter Lane
Englewood, CO 80112-3747
303-649-9299
800-787-6537 (toll-free)
www.stroke.org

**American Stroke Association**
7272 Greenville Avenue
Dallas, TX 75231
888-478-7653 (toll-free)
www.strokeassociation.org

**For more information about health and aging, contact:**

**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

- To order publications (in English or Spanish) online, visit www.niapublications.org.
- The National Institute on Aging website is www.nia.nih.gov.
- Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

July 2004
Loss of bladder control is called urinary incontinence. It can happen to anyone, but is very common in older people. At least one in ten people age 65 or older has this problem. Symptoms can range from mild leaking to uncontrollable wetting. Women are more likely than men to have incontinence.

Aging does not cause incontinence. It can occur for many reasons. For example, urinary tract infections, vaginal infection or irritation, constipation, and certain medicines can cause bladder control problems that last a short time. Sometimes incontinence lasts longer. This might be due to problems such as:

- Weak bladder muscles,
- Overactive bladder muscles,
- Blockage from an enlarged prostate,
- Damage to nerves that control the bladder from diseases such as multiple sclerosis or Parkinson’s disease, or
- Diseases such as arthritis that can make walking painful and slow.

Many people with bladder control problems hide the problem from everyone, even from their doctor. There is no need to do that. In most cases urinary incontinence can be treated and controlled, if not cured. If you are having bladder control problems, don’t suffer in silence. Talk to your doctor.

**Bladder Control**

The body stores urine in the bladder. During urination, muscles in the bladder contract or tighten. This forces urine out of the bladder and into a tube called the urethra that carries urine out of the body. At the same time, muscles surrounding the urethra relax and let the urine pass through. Spinal nerves control how these muscles move. Incontinence occurs if the bladder muscles contract or the muscles surrounding the urethra relax without warning.

**Diagnosis**

The first step in treating a bladder control problem is to see a doctor. He or she will give you a physical exam and take your medical history. The doctor will ask about your symptoms and the medicines you use. He or she will want to know if you have been sick recently or had surgery. Your doctor also may do a number of tests. These might include:

- Urine and blood tests, or
- Tests that measure how well you empty your bladder.
In addition, your doctor may ask you to keep a daily diary of when you urinate and when you leak urine. Your pattern of urinating and urine leakage may suggest which type of incontinence you have.

**Types of Incontinence**

There are several different types of urinary incontinence:

- **Stress incontinence** happens when urine leaks during exercise, coughing, sneezing, laughing, lifting heavy objects, or other body movements that put pressure on the bladder. It is the most common type of bladder control problem in younger and middle-age women. In some cases it is related to childbirth. It may also begin around the time of menopause.

- **Urge incontinence** happens when people can’t hold their urine long enough to get to the toilet in time. Healthy people can have urge incontinence, but it is often found in people who have diabetes, stroke, Alzheimer’s disease, Parkinson’s disease, or multiple sclerosis. It is also sometimes an early sign of bladder cancer.

- **Overflow incontinence** happens when small amounts of urine leak from a bladder that is always full. A man can have trouble emptying his bladder if an enlarged prostate is blocking the urethra. Diabetes and spinal cord injury can also cause this type of incontinence.

- **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.

**Treatment**

Today there are more treatments for urinary incontinence than ever before. The choice of treatment depends on the type of bladder control problem you have, how serious it is, and what best fits your lifestyle. As a general rule, the simplest and safest treatments should be tried first.

**Bladder Control Training.** Your doctor may suggest you try to get back control of your bladder through training. With bladder training you can change how your bladder stores and empties urine. There are several ways to do this:

- **Pelvic muscle exercises** (also known as Kegel exercises) work the muscles that you use to stop urinating. Making these muscles stronger helps you hold urine in your bladder longer. These exercises are easy to do. They can lessen or get rid of stress and urge incontinence.

- **Biofeedback** helps you become more aware of signals from your body. This may help you regain control over the muscles in your bladder and urethra. Biofeedback can be used to help teach pelvic muscle exercises.

- **Timed voiding and bladder training** also can help you control your bladder.
In timed voiding, you keep a chart of urination and leaking to determine the pattern. Once you learn that, you can plan to empty your bladder before you might leak. When combined with biofeedback and pelvic muscle exercises, these methods may help you control urge and overflow incontinence.

Management

Besides bladder control training, there are several other ways to help manage incontinence:

- Sometimes doctors suggest a small, throwaway patch; a small, tampon-like urethral plug; or a vaginal insert called a pessary for women with stress incontinence.
- A doctor can prescribe medicines to treat incontinence. Some drugs prevent unwanted bladder contractions. Some relax muscles, helping the bladder to empty more fully during urination. Others tighten muscles in the bladder and urethra to cut down leakage. These drugs can sometimes cause side effects such as dry mouth, eye problems, or urine buildup. Vaginal estrogen may be helpful in women after menopause. Talk with your doctor about the benefits and side effects of using any of these medicines for a long time.
- A doctor can inject an implant into the area around the urethra. The implant adds bulk. This helps close the urethra to reduce stress incontinence. Injections may have to be repeated after a time because your body slowly gets rid of these substances.
- Sometimes surgery can improve or cure incontinence if it is caused by a problem such as a change in the position of the bladder or blockage due to an enlarged prostate. Common surgery for stress incontinence involves pulling the bladder up and securing it. When stress incontinence is serious, the surgeon may use a wide sling. This holds up the bladder and narrows the urethra to prevent leakage.
- You can now buy special absorbent underclothing. It is not bulky and can be worn easily under everyday clothing.

If you suffer from urinary incontinence, tell your doctor. Remember, under a doctor’s care, incontinence can be treated and often cured. Even if treatment is not fully successful, careful managing can help you feel more relaxed and comfortable.

Kegel Exercises

The muscles you want to exercise are your pelvic floor muscles. These are the ones you use to stop the flow of urine or to keep from passing gas. Often doctors suggest that you squeeze and hold these muscles for a certain count, and then relax them. Then you repeat this a number of times. You will probably do this several times a day. Your doctor will give you exact directions.
For More Information
You are not alone. There are people who can answer your questions and give you information about urinary incontinence. To learn more, contact:

**National Association for Continence**
P.O. Box 1019
Charleston, SC 29402-1019
800-252-3337 (toll-free)
www.nafc.org

**Simon Foundation for Continence**
P.O. Box 815
Wilmette, IL 60091
800-237-4666 (toll-free)
www.simonfoundation.org

**National Institute of Diabetes and Digestive and Kidney Diseases**
National Kidney and Urologic Diseases Information Clearinghouse
3 Information Way
Bethesda, MD 20892-3580
800-891-5390 (toll-free)
301-654-4415
www.niddk.nih.gov

**For more information about health and aging, contact:**

**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225 (toll-free)
800-222-4225 (TTY/toll-free)

- To order publications (in English or Spanish) online, visit www.niapublications.org.
- The National Institute on Aging website is www.nia.nih.gov.
- Visit NIHSeniorHealth.gov (www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads the text out loud.

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