

As We Age, Are We At Risk or Resilient?



Today we are introducing the first in a series of six articles that are adapted from the New Jersey Prevention Network's Wellness Initiative for Senior Education prevention program. Our Place adopted this program to support prevention in our community after a review of community data indicated that those 50 years and older are being significantly impacted by substance use. It is hoped that the information that will be shared will be valuable and if it generates questions, you will not hesitate to reach out to your supports, your physician, or us here at Our Place.

The purpose of today's article is to examine what contributes to the aging process and how we can live longer, happier, healthier lives. The expected outcomes include

- 1) A better understanding of some of the facts and myths of aging;
- 2) Greater familiarity with the top ten causes of death in America;
- 3) Enhanced knowledge of what places individuals at risk for premature death and how to avoid these risks; and
- 4) Heightened awareness of the risk of depression among seniors.

TRUTH or MYTH

There is so much conflicting information out there; it's difficult to ascertain what the truths are about growing older and what some of the myth. Explore the next statements to see which are fact and which are true.

TRUE: *Aging is a highly individual experience; people age at different rates.* Much of how you age depends on how you care for your body. For example, those who smoke usually look 5-10 years older than they are because of the wrinkles that form as a result, while people who exercise are at lower risk for heart disease. Lifestyle choices contribute to the rate at which the body ages.

MYTH: *Dementia is a normal part of aging.* Although dementia mainly affects older people, it is not a normal part of aging and should be seen as a modifiable health condition that should be followed like any other medical condition. Dementia is a syndrome, usually of a chronic or progressive nature, in which there is deterioration in cognitive function beyond what might be expected from normal aging. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement.

TRUE: *Genetics, nutrition, stress, exercise, health care and lifestyle all influence the aging process.* While the role of genetics in aging is important, it has been tremendously overstated. Genes are about 35 percent of the story. Individuals make choices that can play an important role in how successfully each one of us age. Diet, exercise and even medications may delay or eliminate emergence of disease.

MYTH: *You can't teach an old dog new tricks.* Normal aging is not linked to a loss of intelligence. It's a myth to think that after a certain age you can't learn new skills, try new activities, or make fresh lifestyle changes. The truth is that the human brain never stops changing, so older adults are just as capable as younger people of learning new things and adapting to new ideas.

TRUE: *Physical strength tends to decline with age.* Beginning at age 30, most of us lose about 1 percent - or a third of a pound – of muscle every year, as the body starts tearing down old muscle at a faster rate than it builds new tissue. The loss of muscle, which burns more calories than fat, slows the body's resting metabolic rate, causing us to pack on fat pounds through the years. However, most older adults can find a form of exercise that works for them.

Whether it's simple exercises that can be done from a chair, group aerobics classes, walking, or weight training, consider all your options and what might work best for you.

TRUE: *Being socially active is good for your health.* There are many things you can do to help yourself age well. Physical activity, exercise, and making healthy food choices are the cornerstones for most suggestions about healthy aging. But emerging research also indicates the possibility that engaging in social and productive activities you enjoy, like taking an art class or volunteering in your community or with your place of worship, may also help maintain your wellbeing.

Symptoms of Depression in Older Adults

Depression in older adults is not just a normal process of aging. It is not just "having the blues" or the emotions we may feel when grieving the loss of a loved one. Instead, it is a true and treatable medical condition like diabetes or hypertension. Unfortunately, depression in older adults often goes unnoticed and untreated. Depression is not a normal part of growing older, and most seniors feel satisfied with their lives. However, depression can and does occur in older adults. Unfortunately, it often goes undiagnosed and untreated. Many adults with depression feel reluctant to seek help when they're feeling down.

- In older adults, depression may go undiagnosed because symptoms—for example, fatigue, loss of appetite, sleep problems or loss of interest in sex — may seem to be caused by other illnesses.
- Older adults with depression may have less obvious symptoms. They may feel dissatisfied with life in general, bored, helpless or worthless. They may want to stay at home, rather than going out to socialize or doing new things.
- Suicidal thinking or feelings in older adults is a sign of serious depression that should never be taken lightly, especially in men. Of all people with depression, older adult men are at the highest risk of suicide.

When to see a doctor

If you feel depressed, make an appointment to see your doctor as soon as you can. Depression symptoms may not get better on their own — and depression may get worse if it isn't treated. Untreated depression can lead to other mental and physical health problems or problems in other areas of your life. Feelings of depression can also lead to suicide. If you're reluctant to seek treatment, talk to a friend or loved one, a health care professional, a faith leader, or someone else you trust.

It's a Matter of Life or Death

Most recently the deaths from COVID-19 related illness, homicides and national tragedies have gotten the most media attention; however the traditional top causes of death are heart disease and cancer. Not surprisingly, a healthier lifestyle could impact the causes of over one *million deaths per year!*

Many of the top 10 Causes of Death are often are the result of **lifestyle choices** and **behaviors**, such as smoking, poor diet, and physical inactivity that can contribute to this nation's leading killers. Some of most common behaviors that lead to death in the United States are:

Smoking • Poor Diet and Physical Inactivity • Alcohol Consumption • Microbial Agents (E.g., Influenza and Pneumonia, Covid) Toxic Agents (E.g., Pollutants And Asbestos) • Motor Vehicle Accidents • Firearms • Illicit Use Of Drugs

By taking a look at the list above, can you see or think of lifestyle choices and behaviors that YOU engage in that could be having a negative impact on your health? Are there one or two changes YOU can make to be healthier? Even small changes can have a big impact, like taking a daily walk, eating one or two more servings of vegetables a day, or washing your hands more often during cold and flu season. Much of the "decline" typically associated with aging is actually due to unhealthy behaviors and lifestyles, not aging itself. The key to living a happier, healthier, fuller life is taking care of yourself physically, socially, mentally and emotionally. This can be accomplished in many ways: exercise, volunteering and avoiding substances like alcohol and tobacco.

What could YOU change starting today?

We understand that these factors have an impact on our overall health. Resilience happens when we make healthy decisions even in spite of our risk factors or past experiences. Name one thing for each potential risk factor that could be done to help build resilience and ultimately impact our health positively...

RISK FACTOR:

OBESITY

More than one-third of U.S. adults (35.7%) are obese. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.

PHYSICAL INACTIVITY

Physical inactivity (lack of physical activity) has been identified as the fourth leading risk factor for global mortality (6% of deaths globally). It is also the main cause for approximately 25% of breast and colon cancers, 27% of diabetes and approximately 30% of heart disease.

CIGARETTE SMOKING

The adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly one of every five deaths, each year in the United States. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined.

ALCOHOL USE

Excessive alcohol consumption is the third leading preventable cause of death in the United States and is associated with multiple adverse health consequences, including liver cirrhosis, various cancers, unintentional injuries and violence.

ISOLATION

Research associates isolation with higher numbers of chronic illness and higher depression scores, among other health-related issues. Isolation has also been demonstrated to be predictive of cognitive impairments. Some studies have focused specifically on isolation conceptualizations in later life and link them with health outcomes. Examples of these include coronary disease, health-related quality of life, rates of mortality from breast cancer, and hypertension Isolation has also been associated with higher rates of re-hospitalization.

PSYCHOLOGICAL FACTORS

Factors such as past traumas, stress, depression, isolation, low frustration tolerance and difficulty accepting change may affect hormones, immune function, cholesterol level and other biochemical functions. Certain personality characteristics may predispose some to select life shortening behavior patterns such as smoking and heavy drinking.

RESILIENCY

What you can do:

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