

# Frankly Speaking on the Mysteries of Aging

By Frank A Schersing

My background is with "Aging", I've spent the last 13 years dealing with different aspects of aging in Wisconsin. If you will indulge an aging person from time to time I may do an educational piece on the issues of aging. Our elders are the most precious commodity we have. They are the tellers of our stories, they are the keepers of our traditions, and they are the holders of our wisdom, as a family, a tribe and a nation. We just have to have the time and patience to get that information from them so we can pass it along.

Many things occur as people age. As Dr. Elaine J. Amella noted in a recent issue of *The American Journal of Nursing*, "Heart muscles thicken, arteries stiffen, lung tissues diminish, brain and spinal cord degenerate, kidneys shrink, and bladder muscles weaken."

But - and this is a big "but" -the changes occur at different rates in different organs and in different people. As the Baltimore Longitudinal Study on Aging has shown by tracking over 1,000 people since 1958 from age 20 to past 90, "No single chronological timetable of human aging exists."

One consequence of these varying changes with age is difficulty in determining whether an older person has an ailment that requires diagnosis and treatment or is merely experiencing the gradual physiological shutdowns associated with growing old. Too often, older people and their relatives dismiss or ignore early symptoms of what may very well be a correctable problem, because they wrongly assume that the changes are to be expected as one grows old.

The symptoms I'm referring to include a diminished appetite, a change in mental functioning, incontinence, falls, dizziness, pain and a loss of functional abilities like dressing oneself or negotiating stairs. These problems aren't inherent to aging. Failing to check into their causes can result in a missed opportunity to treat a health problem while it is still possible to correct it.

One of the most common correctable problems is drug toxicity. As people age, body fat is gained at the expense of lean muscle, resulting in less body fluids to dilute water-soluble drugs and more fat tissue for storing fat-soluble ones. Loss of body fluids allows certain drugs to reach toxic levels. At the same time, an older person's kidney and liver functions decline, so that drugs are not cleared from the body as quickly. Yet higher levels of body fat may mean that the usual dose of a drug is inadequate to treat the problem.

Complicating matters further is the fact that symptoms of an illness in older adults can differ from those in younger people. For example, a young adult may run a high fever with a serious infection, but the naturally lower body temperature of an older person, along with a diminished ability to mount an immunological attack against an invading organism, may result in no noticeable rise in body temperature. Rather than experiencing fever and chills, an older person with an infection may become confused or lose functional abilities. For example, an 80-year-old with pneumonia may experience a more rapid breathing rate with decreased appetite and functioning, and someone with a urinary tract infection may become incontinent and confused and suffer falls. When such symptoms are ignored, an infection can rage undetected until it reaches a very serious, even life-threatening, stage.

In her report, Dr. Amella, an associate dean for research at the Medical University of South Carolina College of Nursing, describes a host of possible explanations for changes that commonly

occur in older adults. These are some possibilities:

## **CHANGE IN MENTAL STATUS:**

This is "a common harbinger of disease, drug toxicity or psychological trauma in older adults," she stated. Deterioration in mental function that occurs over days or weeks is often a result of a change in medication or the aftermath of anesthesia.

**FALLS:** A long list of ailments can cause an older person to fall, among them heart problems, osteoporosis, vertigo, a slowly leaking blood vessel in the brain, a loss of hearing or vision, incontinence prompting a rush to the bathroom and even a fear of falling. A toxic buildup of a drug is a common cause. Particular attention should be paid to psychoactive drugs like sedatives, drugs that lower blood pressure and those that may cause low blood sugar. "Those who fall will fall again until the cause is found and corrected," Dr. Amella wrote.

**DIZZINESS:** This can be a symptom of a wide range of problems, including anemia, abnormal heart rhythm, drug toxicity, depression, infection, ear disease, eye problems, stroke, heart attack, a brain tumor or simply impacted wax in the ears. It can also result from drug toxicity.

**DIMINISHED APPETITE:** This may be a sign of worsening heart failure or the beginnings of pneumonia, as well as depression or simply loneliness.

**DELIRIUM:** In addition to drug toxicity, delirium can result from dehydration, low levels of oxygen in the blood, untreated anemia, nutritional deficiencies, infections and untreated thyroid disease. Other factors include vision or hearing loss, which can usually be corrected simply with eyeglasses or hearing aids.

**INCONTINENCE:** Dr. Amella says the onset of incontinence in older people should always be investigated: it often has reversible causes, including urinary tract infections, limited mobility and metabolic abnormalities, as well as the use of medications like diuretics and sedatives.

**PAIN:** An increase in aches is common as people age, and it can result in a loss of mobility and functioning. Although pain is often treatable, many older people are reluctant to use pain medicine because they harbor unjustified fears of addiction. They may not realize that there are often ways other than drugs to relieve pain.

**LOSS OF FUNCTIONAL ABILITY:** A decline in activity can be a consequence of anemia, thyroid disease, infection, cardiac insufficiency or a diminished lung capacity. In addition to correcting underlying conditions, rehabilitation programs can often restore an older person's vitality.

Depression is the most common mental health problem in older people. Many lay people and health professionals alike expect the elderly to feel tired, sad and show little interest in life. But, in fact, older people enjoy life, and failing to recognize and treat depression can deprive the elderly of continued joy and satisfaction. Dr. Amella lists many conditions that can lead to depression - alcohol or substance abuse and disorders like dementia, stroke, cancer, arthritis, hip fracture, heart attack, chronic lung disease and Parkinson's disease. Depression can also result from the loss of a spouse, functional disability or the unrelenting demands of giving care to someone.

What is the bottom line? Do not assume that a symptom is a normal sign of aging. Get it checked out without delay.