

Towards a healthier, longer lifespan

Gene H. Stollerman

Live well, eat well and be positive. Those who have survived to old age should be well informed about the many ways to prevent disease, to maintain the quality of life, and to extend their survival.

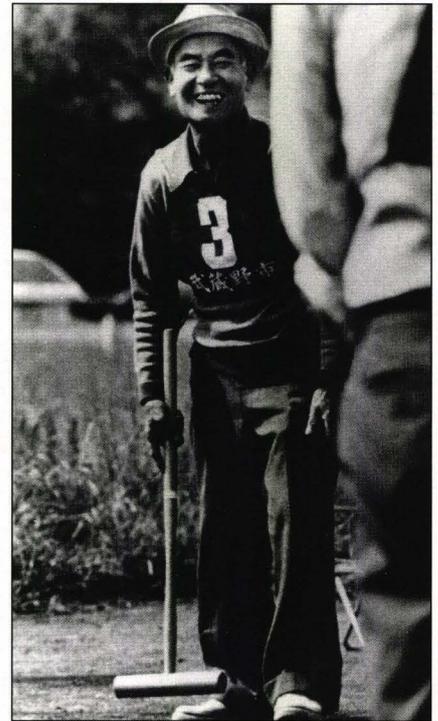
All of us would like to look forward to a full measure of life, with reasonable preservation of its quality. At its end, we hope for maximum prevention of morbidity and minimal terminal suffering. Progress towards these goals in recent years has been impressive, and such good fortune seems ever more achievable. Many preventive medicine and health maintenance initiatives, begun as early in life as possible, can assist us in this progress and all individuals – especially those entering the older years of their lives (and those caring for them) – should seize these initiatives. People should not depend on current health care systems alone, for the latter are too often geared towards crisis and acute care in hospitals where the high-tech fight for extension of life is very expensive and often too late. Those who have survived to old age should be well informed about ways to extend their survival.

Prevention of disease

Immunization is by far the simplest and most cost-effective preventive measure. Many good vaccines are available, but regrettably are not given even when recommended by experts. At least four vaccines are already recommended for the elderly: influenza, pneumococcus, tetanus and diphtheria. Patients themselves should remind their primary health care provider that their vaccines may be due. Help your doctor to help you by asking what immunizations you may need.

Influenza vaccine requires an annual injection in the autumn. Don't expect the vaccine to prevent colds and other respiratory infections that are not influenza but merely imitate it. The vaccine is very safe, has only mild side-effects for the vast majority of persons and is quite effective, but not totally so. When protection is incomplete, the infection is nonetheless usually decreased in severity. The major disadvantage of influenza vaccine is its relatively brief protection period.

Pneumococcus vaccine needs to be given once only, except in special circumstances. Because pneumococcal pneumonia is primarily a winter disease in temperate climates and often comes in the wake of influenza, elderly persons who have not been immunized with pneumococcal vaccine should be reminded to take it when they report for influenza vaccination. Survival from pneumococcal pneumonia is particularly difficult for the elderly, who have less resistance to life-threaten-



Daily exercise helps to maintain good health and positive attitudes.

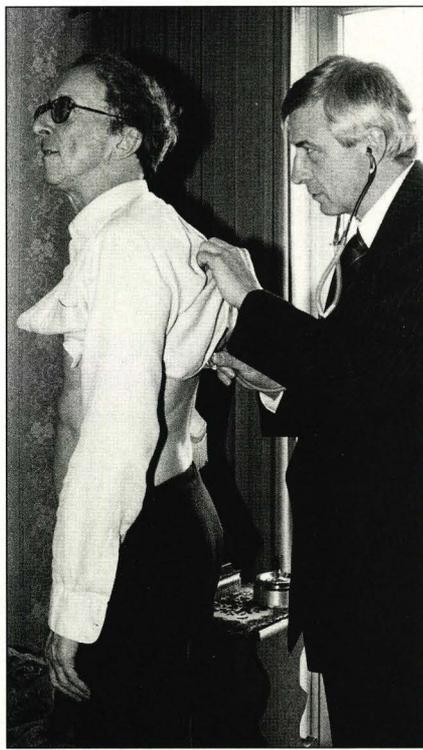
ing infections than do young adults and are prone to post-infection blood-clotting complications such as stroke, myocardial infarction (heart attacks) and pulmonary embolism (lung clots).

Tetanus-diphtheria vaccine is given routinely in childhood but immunity wears off within ten years; it therefore needs to be boosted every decade. By old age, most individuals will have lost or markedly decreased their immunity to tetanus and diphtheria if they have not received a booster injection in the past decade. Tetanus is always a risk from wounds that are contaminated with soil. Retaining immunity to diphtheria requires just a tiny

amount of the vaccine, so it is usually incorporated into the tetanus vaccine that is used as a “booster” once every ten years. Have you received such a booster within the past ten years?

Other hazards

The use of the highly effective new vaccines for hepatitis B should be considered on the basis of an individual assessment of risk. Universal immunization of children with the hepatitis B vaccine may eventually make this a disease of the unimmunized elderly. Like smallpox and measles, hepatitis B has the potential to be eradicated by immunization, provided the vaccine becomes one of the routine childhood immunizations. Let's do it throughout the world! Regular skin testing for tuberculosis is another important preventive measure, especially in the elderly whose immune status to this disease should be regularly updated on their health record.



When seeing any health professional, it is worthwhile to ask about the status of your immunizations.



Healthy foods – your passport to a longer lifespan.

Eat wisely and take exercise

Another universal way of preventing disease is a healthy diet. Even in the most affluent countries, many of the elderly are undernourished (not enough food) or even malnourished (unbalanced diet). The impact of malnourishment on quality of life and longevity is enormous and can result in fatigue, insomnia, diminished resistance to infection and depression. Disease is often an appetite killer, and so is reactive depression, which haunts the elderly for whom causes of depression abound, such as bereavement or loss of physical functions. Depression and loneliness may cause weight gain as well as loss; some people eat for comfort or out of boredom, and obesity may become a problem. Adequate dental care and oral hygiene is another factor in maintaining adequate nutrition.

At least one meal a day should be in the company of others. Choose a balanced diet, preferably one with

vegetable oils rather than animal fats and one high in complex carbohydrates such as pasta, potatoes, rice and corn but low in simple sugars such as sweets and other confections. Sufficient protein is found in beans, cereals, fish and chicken. The diet should be supplemented by generous amounts of green vegetables and fresh fruit which provide an adequate supply of vitamins. Foods with high fibre, low cholesterol and low salt are generally to be preferred. To lose weight avoid fad diets. A diet that cannot be sustained indefinitely is virtually worthless and may be harmful.

Don't forget about a high fluid intake! Water is one of the most important components of good nutrition and the best defence against constipation, a very common affliction of the elderly.

All older adults should be encouraged to exercise within the limits of their physical capacity and on the advice of their physician in order to avoid harm from over-enthusiasm. Lack of enthusiasm to exercise is usually a bigger problem, however, and it is often aggravated by depression. Ironically, a major treatment for depression is exercise! A graduated exercise programme can reduce symptoms of heart disease, reduce bone loss associated with aging and increase muscle mass and strength as well. It can also improve mental functioning, elevate mood and contribute to an overall sense of well-being. Simple walking done regularly, especially with companions, may be all the exercise that is needed.



A positive attitude towards other people and society in general increases the quality of life.

Be positive!

Positive attitudes may not be easy to sustain in the face of chronic disease, the death of friends and a decline of physical and mental powers. One powerful force for survival in the face of adversity is commitment. Even devotion to a pet has been shown to increase survival! Join with a group of persons in an activity

you enjoy so that you can give as well as get support.

Finally, consider the complications that could arise from unwanted and ineffectual care at the very end of your life. Confront squarely the issues of such management as you would like for yourself. Discuss this openly with your family, and nearest

and dearest friends. Select your trusted agent (proxy) who has been instructed by you to carry out your wishes should you no longer be able to do so. Write out and have witnessed a statement of what limitations you may wish to place, if any, on your terminal care. The current social, legal and medical climate in the world is strongly in favour of a high degree of patient autonomy, and most physicians are ready to support your choice, unless what you desire is medically and/or morally unreasonable. ■



Sharing mealtimes with others encourages sensible nutrition and keeps morale high.

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