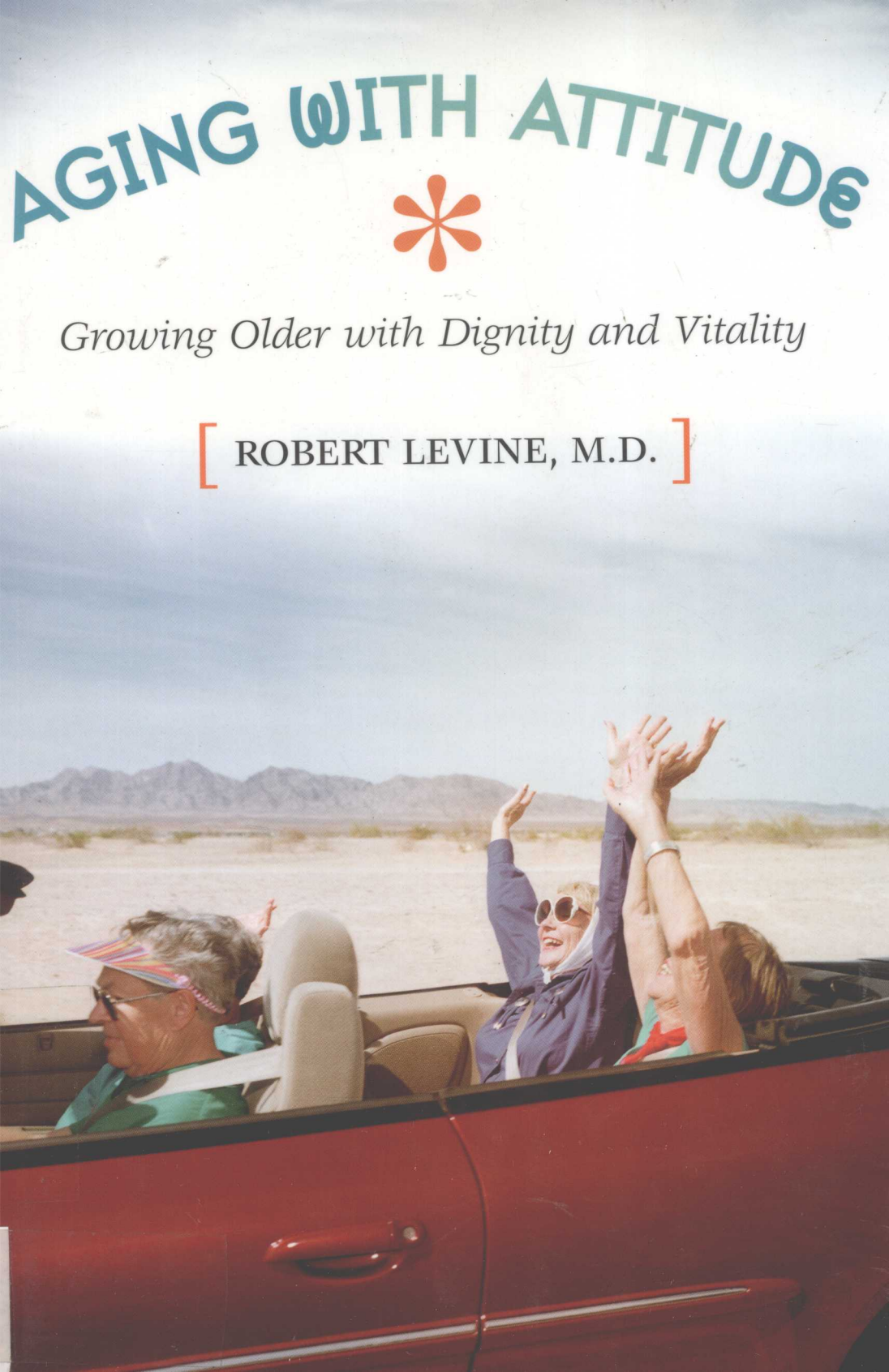
AGING WITH ATTITUDE

Growing Older with Dignity and Vitality

ROBERT LEVINE, M.D.



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To Anne
who is always there.

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Robert Levine
Westport, Connecticut
March 3, 2004

Foreword

Aging connotes an entirely different set of values in 2004 compared to 1954, when Dr. Levine and I were in college and wondering about the future. For one thing, the veneration that we held for our "elders"—though not as great in Western society as in Asian culture—was stronger then. The nuclear family was more apt to include grandparents in 1954 than it is today. Even if not living under the same roof, this extended family was also more likely to reside nearby. Older members of the family would interact frequently with younger members of the family, to the enrichment of both groups. Today, families are more likely to be spread out across the country with visits a special event, not an everyday occurrence. In addition to the difference in societal values before 1954 and in 2004, it would also have been impossible to accurately predict the medical, scientific, and technologic advances that make our current generation so fortunate compared to that of our parents and grandparents, extending survival and quality of life.

For many seniors, especially those who are infirm, "home" is often a facility, whether it be assisted living or a nursing home. How is one to optimize quality of life in such circumstances? Unfortunately, the correct answer is: with difficulty. But does it have to be that way? Can the inevitable aging process be modified to enable its participants to enjoy a more meaningful existence? This is the challenge facing our generation.

Dr. Levine explains this challenge remarkably well in his eminently scholarly yet readable book. He has organized his book into ten chapters, each emphasizing a different aspect of his main theme: you *can* grow older with dignity and vitality. An enlightened discussion of the aging process itself in Chapters 2 and 3 is written in words that everyone can understand, and helps prepare the reader for the chapters that follow. Dr. Levine makes several important points in these opening chapters, not the least of which is that a long time spent in old age is not a normal state in nature, since our bodies are programmed to die to make way for the next generations.

How long we can forestall our demise in the larger societal sense is a direct offshoot of the socioeconomic and medical state of that society. This is why the life span today is much greater than it was fifty years ago and much greater than it was one hundred or five hundred years ago. Each organ system ages, and dies, according to its built-in regulatory factors. These factors can be modified to a varying extent by a nurturing socioeconomic environment, although too much "good living" can have the opposite effect, as with fat-laden diets accelerating cardiovascular disease. But to truly modify the built-in regulatory system that controls the life span of cells, and ultimately organs and organ systems, requires the kind of genetic manipulation that we are just now gingerly probing in scientific laboratories around the world. Paradoxically, the only truly immortal cells are the cancer cells that overgrow and eventually suffocate their normal neighbors. It is not that far-out a prediction to wonder if the ultimate secrets to leading a longer life will come from a more complete understanding of the genetics of these dread harbingers of deadly diseases.

Dr. Levine emphasizes that taking advantage of the scientific advances of modern life requires more than just taking a test for this disease, or a pill for that disease. It requires a new attitude, one that emphasizes quality of life. As a cardiologist who has spent the past thirty plus years dealing with the problems of cardiovascular disease in thousands of patients, I know firsthand how much of it probably could have been prevented with attention to exercise, proper diet, and the kind of healthy lifestyle delineated in Dr. Levine's book. But again, growing old with the right attitude is more than a medical challenge, it is a way of life. The medical part will provide society with more and more senior citizens, people who will live longer after retirement from occupations and/or child rearing, people who will have more time on their hands, people who can and should remain engaged in the world about them.

To age properly, Dr. Levine feels passionately that we have to start preparing when we are younger and I wholeheartedly agree. Once we do grow old we can take charge of the process; by accepting its realities. This is where the suggestions made in Chapters 7 and 8 are especially helpful. You cannot be a passive bystander to the aging process; you have to do more than accept its inevitability. You have to take charge of those areas that you have some control over. Nothing exemplifies this concept more than in the contemporary approach to physical fitness. Whereas in 1954 conservation of strength, that is, "resting," was thought to be beneficial for the elderly, we now know that the opposite is preferable. It is never too late to take charge, Dr. Levine argues, and he is right. There are political and social causes that instill passion, there are religious pursuits, hobbies, pets,

volunteering, and the like. Independence should coexist with just the right blend of social interaction.

His concluding chapters look at what the future holds for us—including better and "smarter" houses to live in, replacement of more body parts by prostheses, and more political clout for the elderly. A potpourri of exciting challenges. With its upbeat philosophy of aging, Dr. Levine's book is a welcome addition to the bibliography of this subject, offering a different perspective to accompany both useful facts and factoids of knowledge and practical ideas on growing older. It is worthwhile reading for both the people who are "old" now and for those who are hoping to be older at some point in the future (in other words, the rest of the population). Thus, the readership for this book can really be said to extend from current sixty-fivers (like myself) and persons even older, down to those in their forties and fifties and all the way back to current college freshmen, young people with questions about the future, much like those the author and I had fifty years ago.

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Introduction

Age is a question of mind over matter.
If you don't mind, it doesn't matter.

—Satchell Paige

The baseball player and armchair philosopher Satchell Paige uttered the above words many years ago when he was pitching in the major leagues in his fifth and possibly sixth decades. He was dismissing those critics who were insisting that he was too old to pitch at such a high level and showing confidence in his own abilities. Indeed, the way we age and much of what happens to our minds and bodies as we grow older depends on our attitudes and feelings about ourselves and our approach to life. Though there are elements beyond our control, such as illnesses or the death of loved ones, to enhance our lives, we must take advantage of the things we can control while dealing with any adversity that might arise. We should not focus on our mortality and how to live longer, since survival alone is meaningless. What is really important is the quality of our lives and whether we can find satisfaction and pleasure in the things we do in the time available to us.

We are not alone as we face the problems that accompany aging and search for solutions. With life expectancy increasing and birth rates declining, the population of the United States and the rest of the industrialized world has aged significantly in the past half century and will continue to do so in the decades ahead. The roles and lifestyles of the middle-aged and elderly have also changed dramatically, the result of both social necessity and individual desire. People who once would have been considered old lead active, exciting

lives, as rich and rewarding as the younger members of society. Some keep working past the normal age of retirement, while others follow creative pursuits, engage in competitive or recreational sports, take courses, collect various objects, or travel extensively. Though these scenarios may be more prevalent among the affluent elderly, they are seen at every economic level. The image of an older man and woman sitting on a porch in rocking chairs whiling away their remaining days, she knitting and he perhaps reading the newspaper, in a placid but boring existence, is no longer the general rule. The Rolling Stones (who are now middle-aged) have sung to us for years about "what a drag it is getting old."[1] But it doesn't have to be that way. Older people are demanding more from life and from themselves and are discovering ways to satisfy these demands.

On the other hand, many of the elderly, for reasons other than illness or disability, find themselves unable to enjoy their final decades of life in a vital fashion. Because of their own behavior and the inability to manage their lives, they often lose their pride and self-confidence. This results in diminished respect and admiration from their families and friends, reinforcing their negative perceptions about themselves.

However, even those older people who are fully self-sufficient may find it difficult retain to their dignity as they try to function in a world that is geared to the young. In a society that measures worth mainly by productivity, older people are less valued. Nevertheless, maintaining dignity and self-respect as we age should be universal objectives and should be attainable for most of us. But what do we mean when we speak of dignity?

Dignity is an intangible characteristic, unique to each individual and manifested differently in different people. It includes feelings of pride, self-worth, and self-esteem, much of it internalized and some of it visible to others in a person's bearing and actions. An individual's dignity is his or her shield against the slings and arrows of the outside world. It allows him or her to exist within a predatory universe, inured to the insults and trauma of daily living, safeguarding his or her spirit. With our dignity gone, we face the universe as naked, primitive beings, powerless and fearful before the shifting currents of our environment.

In my practice over the years, I have seen hundreds, if not thousands, of older individuals with various illnesses, or none at all, who have lived with positive feelings about themselves, with pride and belief in their own self-worth while they were aging. These people did not succumb to either illness or aging, but instead preserved their dignity while making the most of their lives. As examples:

S.W., an 85-year-old widow who lives alone in a condominium in a town on the Connecticut shore, originally came to me over five years ago because of problems with balance. I found that she had a neuropathy (damage to the nerves in her legs) with impaired sensation and, in addition, had previously had several small strokes. Two years later, she had another small stroke from which she recovered and returned to her baseline. I have continued to see her three to four times a year, treating her with medication and encouragement. Thin, with angular features, she is always immaculately groomed and fashionably dressed whenever she comes to my office.

Mrs. W. has remained quite active, not allowing her problems to control her life. She still has minor difficulty with balance, but exercises for forty minutes every day, using a treadmill or stationary bike that she has in her apartment. Two daughters and a number of grandchildren live nearby and are very attentive to her, and she socializes with friends. With one or two family members or friends, she travels into New York City regularly to go to the theater and museums. She and a granddaughter flew to London for a week recently and she is helping this granddaughter plan her wedding. Though she is not happy with her limitations, Mrs. W. tries to overcome them, sustaining a positive outlook while always wanting to do more.

L.R. is 92 years old. Six years ago, he had several seizures due to a minor stroke that caused no discernable deficits. The seizures are now controlled with medication that he takes religiously. Short and stocky, he lives with his wife, who is a year younger than he, in a small home they have occupied for over fifty years; they are still fully able to take care of themselves. Her vision is not good and he does all the driving when they go shopping or visit friends. While he is comfortable driving at low speeds locally, he does not venture onto the highway. He and his wife walk outside for exercise whenever the weather permits. They are not affluent and do not travel much, but are bright and articulate and still enjoy life. He has an excellent sense of humor, delighting in verbal repartee and jokes. His standard comment when I ask him how he's doing is "I can't complain. I'm in fine shape for the shape I'm in."

I have been seeing E.T. for fifteen years and she is now 84. Of medium height and slightly overweight, I initially saw her for a stroke that

caused left-side numbness and weakness, leaving her with mild loss of sensation on that side. Subsequently, she developed a neuropathy and also has severe arthritis. Because of these problems, she moves slowly and uses a cane outside her home. Given her status, she cannot exercise, but she is bright, cognitively intact, and optimistic, always smiling and looking forward to new adventures. Her husband is five years older than she and in fairly good health, though hard of hearing. They are both passionate about food and love to travel, taking periodic vacations in Italy and cruises to various destinations. Life remains full of pleasure and excitement for her, as she has been able to overcome different obstacles that aging placed in her path.

I lost track of J.G. several years ago after he had been a patient of mine for five years. Tall and lanky, he was 92 when I last saw him, a widower who was living on his own in a condominium. He had come to me because of pain in his neck and shoulder, the result of cervical arthritis and a "pinched nerve." I treated him with medication and physical therapy, which relieved his pain, though it recurred intermittently and required renewal of medication. Despite complaints of minor difficulties with memory, Mr. G. was quite sharp and able to care for himself. Always nattily dressed, he went into his office at a local law firm a few days a week to handle some cases. He also read extensively, mainly biographies, and loved to do crossword puzzles. Physically very active, he walked daily and went swimming four or five times a week. Every winter, he traveled down to Florida and spent three to four months there with a group of friends. Though he joked about not having much time left, he was always positive about the future, making plans to do things months in advance.

Mrs. G.S., who is now 91, has been a patient of mine for six years. Small and almost birdlike, with a quaint German accent, her original complaint was of headaches, for which a complete workup was unrevealing. Living with her husband in a small home in a rural area, she had always been devoted to exercise and walked several miles every day. Though she did not appear depressed to me, she was somewhat anxious. I treated her with a mild antidepressant (which can help tension headaches) and reassurance, to which she responded quite well. Her cognitive abilities remained intact and she was a voracious reader. Three years after her initial visit, she suffered a stroke and had trouble speaking and walking, which slowly improved over a month. For a short period, as she was recovering with new

medication and physical therapy, I saw her more often. It was then that she told me she was a Holocaust survivor and had been interned in two concentration camps during the war, with most of her family having been killed. She had come to America afterward where she had met her husband, who was also a refugee. Never having had children, she had a large circle of friends with whom she met and communicated with frequently. In addition, she kept herself occupied with her reading and knitting, ignoring the arthritis in her hands. With little income other than Social Security, the cost of medication for her husband and herself consumed most of their discretionary income, not allowing for frivolous expenditures. Yet despite her situation and all she had been through, Mrs. S. amazed me as she spoke of her hunger for life and a desire to keep living beyond one hundred years of age. When her stroke had resolved, she resumed her daily walks, unwilling to make any concessions to age or illness.

These vignettes of some of my patients describe people who have had various types of neurological problems, yet have managed to maintain an optimistic outlook as they carried on with their lives, preserving their pride and self-esteem. If these people have done well, there is no reason why others with similar illnesses, or no illness at all, cannot also do as well, or even better. The key perhaps is believing in yourself and having the will to move forward. We must remember that as we grow older, aside from any genetic predispositions we may have inherited, and any random illnesses or accidents we may encounter, we can determine our own destiny. We are in control of the way we age and the quality of our own lives.

From the "biblical era" through medieval times, people lived an average of thirty or fewer years, reproducing as teenagers, then dying off when their children were in their midteens. (Generations were delineated as fifteen years apart, as this was the length of time for the cycle of reproduction to start again.) By 1900, life expectancy had climbed to about fifty years of age and continued to increase through the twentieth century. Now, at the beginning of the third millennium, the average life expectancy in most Western countries is in the upper seventies. "Currently, 12.4% of our population is 65 years of age or over, and 5.3% is 75 years of age or over. By 2015, when the first of the postwar baby boom generation reaches age 65, those proportions increase to 14.6% and 6.0% respectively. As the baby boomers enter their seventies and eighties, the population age 65 or over will comprise 20.1% of the total, with those 75 and over accounting for 9.0%."[2] Put another way, in 1900, one in every twenty-five Americans was sixty-five or older.[3] In 1965 (the year Medicare was enacted), it was one in twelve. By the year 2030, one

in five will be sixty-five or older. Other Western countries will have even a higher proportion of older people.

"Global aging will transform the world into societies that are much older than any we have ever known or imagined," Peter Peterson notes in his book *Gray Dawn*.[4] He also warns that the aging of America and other industrialized nations will present serious economic problems that are yet to be addressed.

Economics aside, we can see that today growing old is normal and expected, in sharp contrast to the way things were in the past when it was uncommon for people to survive into old age. Now the elderly are a substantial minority whose existence and needs should be acknowledged by the rest of society. For the most part, older people are also much healthier than they used to be. They have their own living complexes, and their own organizations, and their own magazines and newspapers that cater to them. Yet too often they do not have the respect of the community at large and may be broken and degraded by an unfeeling society.

THE INCREASE IN LONGEVITY

Historically, infectious diseases have been responsible for most human deaths; though, periodically, famines and wars exacted a heavy toll. Advances in medicine, hygiene, and sanitation during the late nineteenth century and early twentieth century controlled many of these infectious diseases in Western countries, accounting for much of the rise in life expectancy. (Improved sanitation was particularly important, with the development of sewage systems, clean drinking water, and garbage collection.) Infantile diarrhea, childbed fever, and diseases like typhoid, cholera, smallpox, and plague, which previously ravaged the citizenry in intermittent epidemics, were virtually eliminated. Leprosy, syphilis, and polio, which caused a great amount of disability as well as death, were vanquished almost completely. Tuberculosis and pneumonia, which took innumerable lives in urban centers over the centuries, were also curbed greatly, though pneumonia still represents the final blow for many of the very feeble and immune compromised. Over the past fifty years, life expectancy has further increased because of progress in the prevention, diagnosis, and treatment of coronary artery disease and cancer, currently the two major killers in the developed world.

WHAT IS OLD?

Relative age is a function of a person's location on a bell-shaped curve of the population in the era in which they live. When life expectancy was thirty,

those considered old were much younger than when life expectancy reached fifty, or seventy. In addition, with people now living longer and being productive longer than in the past, and engaged in tasks not necessarily related to physical prowess, categorizing them according to age is more complicated. When everyone in society was occupied hunting or gathering, age was regarded differently than with people working as scientists, lawyers, machine operators, or computer technicians. "Also, individuals age at different rates; differential aging can be observed not only in changes in facial appearance, loss of hair, skin changes, but also in motor, sensory and cognitive processes."[5] These differences in biological aging may be due to inherited factors or related to people's working conditions, nutrition, stress, substance abuse, and so forth—a combination of genetic and environmental elements. Even in healthy people with similar diets and behavior, the aging process affects individuals differently, and at eighty, some may be feeble and some may be vigorous—the saying "You're as old as you feel" is true to some degree. Thus, a person's physiologic age may be quite different from his or her chronological age, as evidenced by his or her lifestyles and activities. For example, a seventy-year-old marathon runner may be younger according to certain parameters than a forty-year-old couch potato.

Of course, any designation or grouping to which men and women are assigned is usually inconsistent and based on the biases of the person doing the classifying. Nevertheless, placing people in categories can be helpful in describing certain observations and perceptions common to individuals within these groups. Traditionally, in industrialized societies, life's stages have been defined by a person's assigned role. Youth was supposed to be devoted to education. In young adulthood, one started to work, with middle age the time of major accomplishments. Then, old age was a period of retirement. Today, however, the boundaries are fuzzier. There are individuals whose crowning success, thanks to the Internet, may come when they are in their early twenties, with nothing afterward that is comparable. In fact, some of these people have been able to retire at age twenty-five or thirty. On the other hand, those studying complex subjects such as medicine, science, or the humanities may not be able to even begin their life's work until they are in their late thirties or forties.

I will arbitrarily define adulthood as starting at age twenty-one, with those below this level considered youth or children. Young adults are those from twenty-one to forty-five; those middle-aged are from forty-six to seventy; and those above seventy are old. However, given the growing number of the elderly, old age can be further divided into the young-old, those from seventy-one to eighty-five, and the old-old, those who are above eighty-five. (There have been previous definitions of the young-old as from sixty-five to seventy-four and the old-old as above seventy-five,[6] and other classifications as well.)

As one would expect, people's outlooks and concerns change at different stages of their lives, shaping their actions and behavior, including patterns of spending and saving. In general, the young tend to be preoccupied with career development, having and raising children, and buying and maintaining a home. For most men and women, middle age is more a period of consolidation: children have left the nest and their interest is now centered on achieving economic security. Occupational issues and the desire to be "successful" still persist, but wind down toward the latter part of this stage. In old age, one's career is over and there are fewer responsibilities. The opportunity to acquire significant financial assets is usually gone. The focus now is on how to live with what you have and how to enjoy retirement, perhaps moving to a smaller home or condominium, a special community, or even to a new region of the country. Without the stresses of children and careers, there is potentially more freedom during this time, though not everyone takes advantage of this.

The old and middle-aged are not a homogeneous group. They differ not only in terms of age and physiologic status, but in terms of health and finances, whether single or married, and whether rural, suburban, or urban. People's physical, cognitive, and emotional status and the way these elements interact is particularly important in determining how they carry on their everyday activities. Financial pressures also affect older people to a greater degree than the young, since they usually live on fixed incomes and cannot return to work to earn more money if the need arises. Their family situations and the presence or absence of a spouse and/or children is critical as people grow older, and may be a major factor in how their energy is directed. Because men die earlier, there are a higher percentage of women beyond middle age at every level. For example, in 1996, the average life expectancy for men was seventy-three years versus seventy-nine years for women.[7] After age eighty-five, there are five women for every two men.[8] Among the older population are individuals who were never married, some who were divorced, and some who were widowed. And those who are still married may have relationships that run the gamut from unpalatable to wonderful. A spouse may also be ill and have to be cared for. This task may be borne cheerfully with love, or there may be resentment because of the previous history and ambivalent feelings toward the spouse. Relationships with children may vary as well and influence peoples' emotional states. But notwithstanding the differences that exist among old and middle-aged people, there are certain common patterns and needs that run through their lives, which can be explored to aid us all in the process of growing old.

In the past, both the Judeo-Christian tradition and Eastern religions instructed their adherents to respect the elderly, as did most primitive cultures.