Alliance for Aging Research
2021 K Street, NW, Suite 305
Washington, DC 20006
www.agingresearch.org
(202) 293-2856

National Institute on Aging
Building 31; Room 5C27
31 Center Drive MSC 2292
Bethesda, MD 20892-2292
www.nih.gov/nia
(301) 496-1752

Sponsored by an educational grant from the Lilly Centre for Women's Health, Eli Lilly and Company

June 2000

Who? What? Where?

RESOURCES FOR WOMEN'S HEALTH AND AGING

Alliance for Aging Research

National Institute on Aging

Contents

2 Introduction

4 Age Changes & Health Promotion

15 Common Disorders of Later Life

27 Taking Charge

32 Research on Women's Health

34 Resources

INTRODUCTION

IT'S TRUE AND EVERY WOMAN KNOWS IT. Some biological changes do occur with age. It gets harder to keep off weight; your skin wrinkles; your hair changes color and texture. There are also changes that are not so visible. Your bones may weaken; your veins may stiffen.

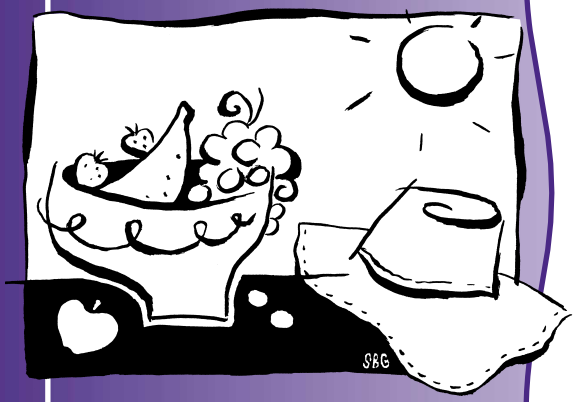
What is not true is that these changes inevitably result in women becoming frail, lonely, and miserable as they age. How successfully any woman ages depends in part on how she has lived. Diet, exercise, and lifestyle all can influence this process.

One goal of the National Institute on Aging (NIA) is to learn more about the health needs of older women and to communicate these research findings to the public.

This booklet offers resources on some of the issues that matter most to women as they age. We hope it helps all women plan for and cope with aging. Although every effort was made to be accurate, details do change. We encourage users of this guide and the organizations themselves to keep in touch with us.

Editor, Office of Communications
and Public Liaison
National Institute on Aging
Bldg. 31; Rm. 5C27
Bethesda, MD 20892-2292
301-496-1752
www.nih.gov/nia

Age Changes & Health Promotion



INJURY PREVENTION

Injuries become more frequent and can be more serious in later life. Falling and automobile accidents are the most common causes of fatal injury in older people.

Several factors might make you more prone to injuries: poorer eyesight and hearing can decrease awareness of hazards; arthritis, neurological diseases, and impaired coordination can cause unsteadiness; illness or use of some medicines or alcohol can cause drowsiness; preoccupation with personal problems can distract you from potential hazards. Many injuries can be prevented by staying in good mental and physical health and by improving safety conditions.

Each year, falls cause serious fractures in older people, a percentage of whom die within the first year after their injury. A fall can result in months of pain and confinement. For some older people, a fall can lead to institutionalization. The fear of falling again can cause some older people to limit their activities. Older women with osteoporosis have an increased chance of breaking a bone when they fall.

Age-related changes such as impaired vision and slower reaction time can cause car accidents. Older drivers are at most risk while yielding the right of way, turning (especially left turns), lane changing, passing, and using expressway ramps. Pay extra attention at those times. Most of the advice for older drivers is helpful for everyone. Plan trip routes ahead of time. Stick to streets you know. Don't drive under stress. Keep distractions from fans, radios, or conversations to a minimum.

It's also important for older people to avoid extended exposure to extreme heat or cold. Accidental hypothermia (very low body temperature) can be avoided by wearing several layers of clothing and keeping your head covered. If you live alone, try to have someone check on you daily when outside temperatures are very low. On the other hand, overexposure to heat or sun can

Tips For Preventing Falls

Fall prevention is very important later in life. You can begin by maintaining good physical and mental health and by developing good safety habits. The likelihood of falling can be further reduced by taking precautionary measures such as:

- Rise slowly from a sitting or lying position in order to avoid feeling dizzy.
- Provide plenty of lighting throughout your home, especially next to bedside tables, in halls, and on stairways.
- Install and use hand rails along both sides of a stairway.
- Mark the first and last steps with a bright, contrasting tape.
- Cover slippery surfaces with carpets or rugs that are in good shape and firmly anchored to the floor; attach nonskid rubber backing to area rugs.
- Check that floor surfaces throughout your home are flat and free of clutter.
- Use nonskid floor wax on linoleum floors.
- Use nonskid adhesive strips or rubber mats in bathtubs.
- Install grab bars on bathroom walls.
- Arrange furniture so that the pieces don't create obstacles.

result in hyperthermia (heat stroke). This is a serious, potentially fatal condition. Older people, especially those with chronic diseases, can avoid hyperthermia by staying in shady areas when outside or in cool rooms during hot weather.

ORGANIZATIONS

American Association of Retired Persons (AARP)
55 Alive/Mature Driving Program
Traffic and Driver Safety Program
601 E. St., NW
Washington, DC 20049
202-434-2277 / 1-800-424-3410
www.aarp.org

American Automobile Association (AAA)
Check the telephone directory for your local AAA club.
www.aaa.com

The National Safety Council
1121 Spring Lake Dr.
Itasca, IL 60143-3201
630-285-1121 / 1-800-621-7619
www.nsc.org

MENOPAUSE

Menopause is a natural part of a woman's life. Many women see menopause as a milestone—a time for new activities and new interests; some find it sexually liberating. Sadly, some women still think of menopause only in negative terms. However, despite the stereotypes, research shows that women can be as healthy during menopause as during other times in life. Your early health is the best predictor of your health during and beyond menopause.

Menopause is the time when menstruation stops and the ability to have children ends. This "change of life" marks the time when ovaries stop releasing eggs and levels of the female hormones estrogen and progesterone decrease. Menopause generally occurs around age 50, but this varies widely among women.

Most women notice some signs in the 3 to 5 years before menopause. These may include changes in the menstrual cycle (such as lighter or heavier bleeding or irregular cycles) and hot flashes or flushes (short episodes of heat that spread over the upper body, at times accompanied by sweats). After the transition

to menopause, some women have vaginal changes such as dryness, or itching and burning that may result in painful intercourse. Some women report headaches, problem sleeping, or irritability.

For most women, the symptoms of menopause are mild and need no medical treatment. For women who have more severe problems, treatments are available that can relieve discomforts. For example, a doctor may suggest short-term hormone replacement therapy (HRT) to relieve symptoms such as hot flashes. Be sure to talk with your doctor about the risks and benefits of HRT. For example, although HRT slows the age-related bone loss that can lead to osteoporosis, studies also show that using HRT may increase the risk of blood clots and gall bladder disease. Other side effects include bloating, breast tenderness, uterine bleeding, and premenstrual-like symptoms.
Although the relationship between breast cancer and HRT is still controversial, a small increase in the risk of breast cancer is associated with long-term use of HRT. Research is ongoing about the relationship between long-term use of HRT and breast cancer.

ORGANIZATIONS

American College of Obstetricians and Gynecologists (ACOG)
409 12th St., SW
Box 96920
Washington, DC 20090
202-638-5577
www.acog.org

American Menopause Foundation
350 5th Ave., Suite 2822
New York City, NY 10118-2899
212-714-2398
www.americanmenopause.org

North American Menopause Society
P.O. Box 94527
Cleveland, OH 44101-4527
440-442-7550
www.menopause.org

NUTRITION AND PHYSICAL FITNESS

Most older women get the nutrients they need by eating a variety of healthy foods each day. Maintaining a healthy weight is important but may become more difficult for older women. Activity levels may decrease, especially if a woman leaves an active job for a relatively slower-paced life as a retiree. So, it is very important to eat foods rich in the nutrients your body needs—fruits, vegetables, and natural grains—and to avoid some processed foods which often are high in calories, fat, sodium, and refined sugar.

Research is ongoing to define how aging changes the body's use of various nutrients. Some studies show that aging may affect the need for certain vitamins and minerals. For example, the body's ability to absorb calcium and vitamin D decreases with age. This may be a factor in the increasing risk of osteoporosis and bone fractures in older people. Research studies are attempting to show how nutritional needs change with age and whether healthy changes in eating habits, in combination with dietary supplements, can prevent or delay age-related diseases.

Good health also depends on staying physically active in later years. The booklet, *Exercise: A Guide from the National Institute on Aging,* says that it's never too late to get in shape. Even a woman who has never exercised can improve her health by adopting a regular exercise program.

The NIA *Guide* offers a step-by-step plan. It starts by suggesting that on most or all days of the week you get at least 30 minutes of endurance activity. This builds your stamina. Examples of moderate endurance activities include swimming, walking briskly, and raking. Second, it's important to keep using your muscles. Even small changes in muscle size can make a big difference in your strength. Third, older women should do things to help maintain balance. For example, practice standing on one foot, then the other, first with limited support and then progressing to no support. Fourth, stretching is a good idea. While it won't build endurance, muscles, or balance, it may help keep you limber.

Just about any woman, at any age, can do some type of activity to improve her health. Check with your doctor if you plan to start a vigorous activity. And follow safety tips such as:

- Start slowly. Build up your activities and your level of effort gradually.
- Don't hold your breath while straining—the rule is to exhale during muscle exertion and inhale during relaxation.
- Unless your doctor has asked you to limit fluids, be sure to drink plenty of liquids when you are doing endurance activities that make you sweat.
- When you bend forward, bend from the hips not the waist. Keep your back straight.
- Make sure your muscles are warmed up before you stretch.
- No exercise should hurt or make you feel really tired. Physical activity and exercise should make you feel better.

ORGANIZATIONS

American College of Sports Medicine
401 W. Michigan St.
Indianapolis, IN 46202-3233
317-637-9200
www.acsm.org

American Dietetic Association
216 W. Jackson Blvd., Suite 800
Chicago, IL 60606
312-899-0040 / 1-800-366-1655
www.eatright.org

50-Plus Fitness Association
P.O. Box 20230
Stanford, CA 94309
650-323-6160
www.50plus.org

National Digestive Disease Information Clearinghouse
2 Information Way
Bethesda, MD 20892-3570
301-654-3810
www.niddk.nih.gov

SEXUALITY

One result of the changes in society's attitudes about sexuality is that we now recognize that women do remain sexually active throughout their lives. Some women even say that after menopause, when the fear of pregnancy and the distractions of midlife have passed, they become more responsive sexually.

However, with age, there may be certain physical changes—the tissues of your vulva and vagina may become thinner; it may take longer for you to become aroused and lubricated enough for penetration. When vaginal changes make intercourse uncomfortable, lubricating creams or hormone replacement therapy often can help.

Although illness and disability in later life can affect sexuality, even the most serious diseases rarely warrant stopping sexual activity. For example, joint pain due to rheumatoid arthritis responds to medicines and surgery. Exercise, rest, warm baths, and changing the position or timing of sexual activity may help restore sexual enjoyment.

Excessive use of alcohol, which delays orgasm, may be the most widespread drug-related cause of sexual problems. Tranquilizers, antidepressants, and certain high blood pressure drugs can also reduce sexual desire. This effect is reversed when medication is stopped. A doctor often can prescribe a drug with fewer side effects.

One difficulty with a women's sexuality in her later years is not her unwillingness or her inability to participate in sex; it is the lack of suitable partners. Because women outlive men, and because women tend to marry men a few years older than they are, most married women eventually are widowed. As a result of widowhood, divorce, or separation, a large number of older women are starting to date. They may think about sex with a new partner.

An increasing problem faced by older women is HIV/AIDS. HIV (short for human immunodeficiency virus) kills cells in your immune system. Once your immune system is weakened to the point where you get certain types of life-threatening diseases, infections, and cancers, you have AIDS—acquired immunodeficiency syndrome. The number of older women with HIV/AIDS is on the rise. Over a recent 5-year period, the number of new AIDS

cases in women 50 and older increased by 40 percent. Two-thirds of the women got the virus because they had sex with infected partners.

There may be a connection between HIV/AIDS and women in menopause. It may be that post-menopausal women are less likely to insist their partner use a latex condom. Or it may be that vaginal dryness can lead to small tears and abrasions during sex which can increase risk. Either way, there are steps you can take to protect yourself:

- If you are having sex, make sure your partner is HIV-negative.
- Have your partner use male latex condoms during sex.
- Do not share needles or any other drug paraphernalia.
- If you or your partner had a blood transfusion between 1978 and 1985 or an operation or blood transfusion in a developing country at any time, get tested.

ORGANIZATIONS

American Association of Sex Educators, Counselors, and Therapists
P.O. Box 238
Mount Vernon, IA 52314
312-644-0828
www.aasect.org

Centers for Disease Control and Prevention
National AIDS Hotline
1-800-AIDS (1-800-342-2437)
www.ashastd.org

Sex Information and Education Council of the United States
130 W. 42nd St., Suite 350
New York City, NY 10036-7802
212-819-9770
www.siecus.org

SKIN

Changes in the appearance of your skin are a natural part of growing older. Laugh lines and crinkles at the corners of the eyes may give character and expression to an older woman's face. Despite the claims of numerous cosmetics, little can be done to completely prevent or erase wrinkles. Exposure to the sun, cigarette smoking, and heredity are the most important factors in how a woman's skin ages.

Skin is the largest organ of the body. It contains blood vessels, oil and sweat glands, hair follicles, and nerve endings. The skin protects internal organs from the outside environment. It senses temperature, pressure, and pain. It regulates body temperature to keep heat inside during cold weather and to release heat during warm weather. And, it warns of internal disease, drug reactions, or allergies.

The skin's aging process takes place in a similar manner for everyone. It is a normal process that involves a slow decline in the skin's structure and function. Some major changes that take place as a result of aging include:

- Elasticity in skin decreases and the underlying support structure changes gradually, producing wrinkles and sagging.
- Skin cells reproduce more slowly and have a shorter lifespan, so injuries take longer to heal.
- Skin color becomes less even.
- The skin becomes less effective as a barrier; its ability to protect against sunlight, substances that cause allergic reactions, detergents, and other harmful elements is reduced.
- Fewer sweat glands and decreasing activity of oil glands cause more dry skin and itching problems.

The best skin protection is limited exposure to the sun. Wrinkles, sagging skin, discoloration, and brown "age spots" can all result from sun-related damage. Women who protect themselves from the sun's harmful effects rarely show marked signs of skin aging until after age 50 and even then the aging progresses at a slower rate.

Damage from the sun can also cause skin cancer. The most dangerous is malignant melanoma. The chance of developing skin cancer increases with advancing age, especially among people who live in sunny regions of the country or who have jobs requiring them to work outside. When detected early and treated promptly, most cases of skin cancer can be cured. Learn the warning signs:

- Growth of a new spot;
- Changes in the color, size, or shape of a mole; or
- Changes in a mole's appearance (scaliness, oozing, crusting, bleeding).

ORGANIZATIONS

American Academy of Dermatology
930 N. Meacham Rd.
Schaumburg, IL 60173-4965
847-330-0230 / 1-888-462-3376
www.aad.org

National Cancer Institute
Cancer Information Service
1-800-4CANCER (1-800-422-6237)
1-800-332-8615 (TTY)
www.cancer.gov

National Institute on Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse
1 AMS Circle
Bethesda, MD 20892-3675
301-495-4484 / 1-877-226-4267
www.nih.gov/niams

USING MEDICATIONS

Older women use more medications than any other segment of the population. They also have the highest rate of chronic or long-term illness (such as arthritis and diabetes) which means it is common for women to take many different drugs at the same time and over long periods of time.

Normal age-related changes in body makeup can alter the way a medication acts. The length of time a drug remains in the body and the amount of the drug absorbed by body tissues can be affected by aging.

There are precautions you can take to reduce the likelihood of problems. For example:

- Ask the doctor or pharmacist questions about the medication.
- Take the exact dosage prescribed by your doctor.
- Never take a medication prescribed for someone else.
- Keep a daily record of all your medications and be sure to tell your doctor about them all—both over the counter and prescription drugs.
- Report any problems with specific medicines to your doctor.
- Call the doctor if you have an unusual reaction to a medication.

A chemical agent strong enough to cure an ailment is also strong enough to cause harm if not used wisely. If a prescribed drug seems to be doing more harm than good, do not hesitate to call the doctor. Another medication can often be substituted.

ORGANIZATIONS

Food and Drug Administration
Office for Consumer Affairs
5600 Fishers Lane, HFE1
Rockville, MD 20857
301-443-5006
www.fda.gov

Peter Lamy Center on Drug Therapy and Aging
University of Maryland
School of Pharmacy
506 W. Fayette St., Suite 101
Baltimore, MD 21201
410-706-2434 / 1-877-706-2434
www.pharmacy.umaryland.edu/~lamy

COMMON DISORDERS OF LATER LIFE

ALZHEIMER'S DISEASE AND OTHER BRAIN DISORDERS

It is not unusual for a woman to forget the name of someone she recently met, to misplace her car keys, or to overlook an item or two at the grocery store. This is normal behavior. Severe mental decline which interferes with a person's daily routine and social relationships is not a normal part of growing older. Abnormal cognitive changes in an older person may include declines in memory, performance of routine tasks, time and space orientation, language and communication skills, and the ability to learn and carry out mathematical calculations. Other symptoms may include changes in personality, mood, and behavior. These symptoms may indicate a condition that can be treated and cured. However, they are also signs of other disorders which can be treated but not cured.

The two most common forms of incurable mental impairment that occur in old age are Alzheimer's disease and multi-infarct dementia, other impairments include Lewy body dementia and Pick's disease. Alzheimer's disease is the most

common cause of dementia. It affects nerve cells in the brain causing a large number of cells to die. As many as 4 million Americans have this disease. Alzheimer's disease affects more women than men, probably because women live longer. Multi-infarct dementia, the next most common cause, results from a series of small strokes.

No one test can accurately diagnose Alzheimer's disease, multi-infarct dementia, or any other form of irreversible cognitive impairment. However, a thorough physical and neurological examination, complete medical history, and psychological evaluation can help doctors identify reversible conditions and make a diagnosis of Alzheimer's disease. Getting early diagnosis allows people to explore treatment options and plan for the future.

What may appear to be a profound impairment can be a correctable condition. Common causes of reversible impairment include poor nutrition, adverse drug reactions, infections, endocrine imbalances, high fevers, and minor head injuries. Anxiety, boredom, loneliness, and depression all can be confused with mental impairment.

ORGANIZATIONS

Alzheimer's Association
919 N. Michigan Ave., Suite 1100
Chicago, IL 60611-1676
1-800-272-3900
www.alz.org

Alzheimer's Disease Education and Referral Center
National Institute on Aging
P.O. Box 8250
Silver Spring, MD 20907-8250
1-800-438-4380
www.alzheimers.org

National Institute of Neurological Disorders and Stroke
P.O. Box 5801
Bethesda, MD 20892
301-496-5751
www.ninds.nih.gov

ARTHRITIS

Arthritis literally means joint inflammation—swelling, redness, heat, and pain. There are many different kinds of arthritis, for example, *rheumatoid arthritis*, which often, but not always, affects the joints of the hands and feet. Rheumatoid arthritis can make a person feel ill. It tends to occur equally on both sides of the body and often begins earlier in life than *osteoarthritis*, the most common form of the disease.

Osteoarthritis (OA) is a chronic condition caused by degeneration of the cartilage that cushions bones where they move against one another in joints. Although there is evidence of OA in most people over age 65, only half of the affected people experience symptoms. Common complaints include pain and stiffness in the fingers or in weight-bearing joints (knees, hips, and spine). Joint inflammation is rare in OA.

The exact cause of OA is not known. OA cannot be cured. However, its symptoms can be reduced and the more serious physical handicaps prevented. Talk to your doctor for specific treatment recommendations. General approaches to treatment include controlling the pain with heat and medications such as aspirin or ibuprofen; reducing the stress on joints with rest or braces; and preventing stiffness and strengthening muscles by regular exercise. Joint replacement is an option for severe problems.

ORGANIZATIONS

Arthritis Foundation
1330 Peachtree St.
Atlanta, GA 30309
1-800-283-7800
www.arthritis.org

National Institute of Arthritis and Musculoskeletal and Skin Diseases
Information Clearinghouse
1 AMS Circle
Bethesda, MD 20892-3675
301-495-4484 / 1-877-226-4267
www.nih.gov/niams

CANCER

Cancer is a group of more than 100 diseases in which some of the body's cells multiply without control. The result is usually a malignant tumor which grows and invades nearby tissue. Cancer cells can spread to other parts of the body where they form new tumors. Benign tumors are not cancer; they do not spread to other parts of the body.

The incidence of cancer rises with increasing age. More than half of all cancer patients are over age 65. The most common types of cancer in women are breast cancer, lung cancer, and cancers of the colon and rectum. Older women also have a higher incidence of cancer of the uterus and ovaries.

The symptoms of cancer vary depending on where the tumor is located. Pain is rarely an early sign of cancer. Signs to watch for include:

- A cough that lasts for more than 2 weeks,
- A lump or thickening in the breast,
- A persistent change in bowel habits,
- Unusual bleeding or discharge,
- A sore that doesn't heal or a change in a wart or mole, and
- Indigestion or difficulty swallowing.

See your doctor if you have any of these symptoms. Tests can be done to determine whether they are signs of cancer or some other disorder.

Early detection of cancer is important because cancers that are found early can often be treated successfully. Modern cancer treatment includes surgery, radiation therapy, chemotherapy, hormone therapy, and biological therapy. For the best outlook, a person with cancer should be treated promptly by well-qualified doctors at the best available treatment facility.

Even if there are no symptoms, certain screening tests should be done regularly. The National Cancer Institute suggests that women in their 40s or older get a mammogram (an x-ray of the breast) on a regular basis every 1 to 2 years. At the same time, a doctor should check your breasts for changes that could be a sign of breast cancer.

Other tests that should be done regularly include a Pap smear to detect cancer of the cervix, a pelvic exam to detect cancer of the uterus or ovaries, a rectal exam to detect cancer of the rectum, and a fecal occult blood test to detect cancer of the colon or rectum. Your doctor can determine how often you should have these exams.

Although scientists do not yet know how to prevent cancer, there are several things you can do to reduce your risk. Don't smoke. Eat a diet low in fat and high in fiber. Drink alcohol only in moderation. Avoid excess sunlight and unnecessary x-rays.

ORGANIZATIONS

American Cancer Society, Inc.
1599 Clifton Rd, NE
Atlanta, GA 30329
1-800-ACS-2345 (1-800-227-2345)
www.cancer.org

Cancer Care
275 7th Ave.
New York City, NY 10001
1-800-813-HOPE (1-800-813-4673)
www.cancercare.org

National Alliance of Breast Cancer Organizations
9 E. 37th St., 10th Floor
New York City, NY 10016
212-889-0606 / 1-888-806-2226
www.nabco.org

National Breast Cancer Coalition
1707 L St., NW, Suite 1060
Washington, DC 20036
202-296-7477 / 1-800-622-2838
www.stopbreastcancer.org

National Cancer Institute
Cancer Information Service
1-800-4CANCER (1-800-422-6237)
1-800-332-8615 (TTY)
www.cancer.gov

National Coalition for Cancer Survivorship
1010 Wayne Ave., Suite 770
Silver Spring, MD 20910-5600
1-877-622-7937
www.cansearch.org

Ovarian Cancer National Alliance
910 17th St., NW, Suite 413
Washington, DC 20006
202-331-1332
www.ovariancancer.org

Susan G. Komen Breast Cancer Foundation
5005 LBJ Freeway, Suite 370
Dallas, TX 75244-6100
972-855-1600 / 1-800-462-9273
www.komen.org

Y-ME National Breast Cancer Organization
212 W. Van Buren
Chicago, IL 60607
312-986-8338 / 1-800-221-2141
www.y-me.org

DEPRESSION

Many women feel 'blue' every now or then. But when feelings of sadness or being 'down in the dumps' continue for some time without letup, the depressed mood may have become a serious illness. Doctors call this a clinical depression. A clinical depression can be successfully treated. There is no reason to suffer.

Depressive disorders are more common in older women than in older men. Because women live longer than men, they are particularly vulnerable to the kinds of life events that can lead to depression—events such as loss of a spouse, poverty, and chronic illness.

Serious depression can take many forms. It can be characterized by feelings of emptiness, persistent sadness, or anxiety; tiredness and decreased energy; loss of interest or pleasure in ordinary activities; restlessness and irritability; aches and pains that just won't go away; difficulty concentrating, remembering, or making decisions; or, at worst, thoughts of death or suicide. If several of these symptoms continue for 2 weeks or more, you should consider arranging for a physical exam and psychological evaluation.

It is important to seek professional help because depression in older people is tricky to diagnose and its symptoms are often dismissed as a natural part of aging. Sometimes, depression is a side effect of drugs commonly taken by older people for problems such as arthritis, hypertension, and heart conditions. Confusion or forgetfulness could be either depression or a symptom of Alzheimer's disease.

Depression can also hide behind a smiling face. For depressed women who live alone, constant feelings of isolation and loneliness can change with an outing to the doctor or when someone comes to visit. Rather than sharing troubling feelings, the person is buoyed by contact with the outside world and, for the moment, the symptoms of depression go away.

Studies show that 60 to 80 percent of depressed older people can be successfully treated outside a hospital with psychotherapy alone or in combination with special drugs to combat the illness. In recent years, short-term talk therapy has been effective.

The first step in getting help is to overcome attitudes that may stand in the way. Talk to your family doctor for a referral to a mental health professional. Don't avoid seeking help because you are worried about cost—often the problem can be resolved within weeks. Also some organizations, such as community mental health centers, offer treatment based on a patient's ability to pay.

ORGANIZATIONS

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

American Psychiatric Association
APA Answer Center
1400 K St., NW
Washington, DC 20005
202-682-6000
www.psych.org

American Psychological Association
750 First St., NE
Washington, DC 20002-4242
202-336-5500 / 1-800-374-2721
www.apa.org

National Alliance for the Mentally Ill
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201
703-524-7600
1-800-950-NAMI (1-800-950-6264)
www.nami.org

National Institute of Mental Health
6001 Executive Blvd., Rm. 8184
MSC 9663
Bethesda, MD 20892-9663
301-443-4513 / 1-800-421-4211
www.nimh.nih.gov

National Mental Health Association
1021 Prince St.
Alexandria, VA 22314-2971
703-684-7722 / 1-800-969-6642
www.nmha.org

HEART DISEASE

More women die from cardiovascular disease than all the cancers combined. This may surprise you, especially if you are like so many woman who fear breast cancer. However, one in two women will eventually die of heart disease or stroke while only one in 25 will die of breast cancer.

The statistics on heart disease and women are staggering. Heart disease is the number one killer of American women. Women who have heart attacks are twice as likely as men to die within the first few weeks following the heart attack. Women are two to three times more likely than men to suffer a second heart attack within 5 years of the first attack. Thirty-nine percent of women die within a year after a heart attack. Women also may be less likely to benefit from bypass surgery, a riskier procedure for women because they have smaller blood vessels than men and are more likely to have more advanced disease at the time of surgery.

Cardiovascular, or heart disease, used to be considered a man's disease. However, once a woman passes through menopause, her risk of heart disease increases dramatically. One in nine women between the ages of 45 and 64 has some form of cardiovascular disease—including coronary heart disease, hypertension, angina, and stroke. The incidence rises to one in three for women age 65 and older. Yet, studies suggest that doctors may be treating women with heart disease less aggressively than they treat men with heart disease.

About half the women over age 55 have high cholesterol (that is, over 240 mg/db). Researchers theorize that the amount of estrogen is associated with the level of high density lipoproteins (HDL). HDLs help remove cholesterol from the tissues and reduce deaths caused by heart disease.

In addition, an older woman's risk of high blood pressure, also called hypertension, is greater than a man's. High blood pressure, a blood pressure reading over 140/90 mmHg, becomes more common with advancing age. After age 65 a higher proportion of women than men have hypertension. Although hypertension cannot always be cured, it can usually be controlled through weight loss, exercise, changes in diet, and medication.

Isolated systolic hypertension (ISH) is the most common form of high blood pressure in older people. ISH occurs when the systolic pressure (first number) is elevated and the diastolic pressure (second number) remains in the normal range. Older African-American women have twice the rate of ISH as African-American men or White women or men. Research has demonstrated that low-cost medications (i.e., diuretics) can prevent strokes, heart attacks, and other cardiac problems caused by ISH.

Preventing and/or reducing a woman's risk of heart disease is a life-long process. Lifestyle changes can pay off in a healthier older age. How can an older woman lower her risk of heart disease? It's always smart to start by checking with your doctor. You should also consider:

- Quitting smoking;
- Controlling your high blood pressure and blood cholesterol level;
- Starting an exercise program;
- Avoiding obesity;
- Limiting your intake of fat and cholesterol from eggs, organ meats, high-fat dairy products, deep fried foods, red meats, and snacks; and
- Lowering stress.

ORGANIZATIONS

American Heart Association
7272 Greenville Ave.
Dallas, TX 75231
214-706-1179
1-800-AHA-USA1 (1-800-242-8721)
www.americanheart.org

National Heart, Lung, and Blood Institute
9000 Rockville Pike
31 Center Drive, MSC
Bethesda, MD 20892-2480
1-800-575-WELL (1-800-575-9355)
www.nhlbi.nih.gov

OSTEOPOROSIS

Osteoporosis is a condition in which decreasing bone mass results in weaker, more porous bone that fractures easily. It is the major cause of bone fractures in women over age 50. With age, some degree of bone loss is normal in both men and women. But in women the sharp decrease in estrogen following menopause accelerates the rate of bone loss. In some women, this bone loss is so severe it results in osteoporosis.

Often called a "silent disease," osteoporosis has no symptoms during its early stages. As a result, the condition is often not recognized until it reaches an advanced stage and that's when fractures—most often in the spine, wrist or hips—occur. The best way to diagnose osteoporosis is by a DEXA-scan (dual–energy x-ray absorptiometry).

Risk factors for osteoporosis include an early menopause (either naturally or from a hysterectomy with an oophorectomy), being White, being physically inactive, maintaining a low body weight, lacking adequate dietary calcium, insufficient vitamin D in the diet or too little exposure to sunlight, or having a close relative with the disorder. Certain medications can also increase a woman's risk.

Hormone replacement therapy (HRT) may be prescribed for postmenopausal women to prevent osteoporosis-related fractures. Talk to your doctor about the benefits and possible serious side effects of HRT. Postmenopausal women who cannot or choose not to use HRT should ask their doctor about the medicines now available to slow bone breakdown and sometimes to increase bone mass. These include alendronate, calcitonin, and raloxifene. Calcitonin can also reduce the pain associated with osteoporosis.

Recommendations to prevent osteoporosis include:

- Regular weight-bearing exercise (e.g., walking, dancing, jogging),
- Consuming adequate amounts of calcium and vitamin D, and
- Other healthy lifestyle choices, for example not smoking, drinking alcohol in moderation.

Experts suggest that women age 31 to 50 should have 1,000 mg. of calcium every day. Women over age 50 need 1,200 mg. of calcium daily. The recommended daily

allowance of vitamin D for women age 51 to 70 is 400 I.U. each day. You can get this in vitamin D milk, a dietary supplement, or from 20 minutes of sunshine a day. Women over age 70 need 600 I.U. of vitamin D daily.

ORGANIZATIONS

National Institute of Arthritis and Musculoskeletal and Skin Diseases
Information Clearinghouse
1 AMS Circle
Bethesda, MD 20892-3675
301-495-4484 / 1-877-226-4627
www.nih.gov/niams

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

Osteoporosis and Related Bone Diseases—National Resource Center
1232 22nd St., NW
Washington, DC 20037-1292
1-800-624-BONE (1-800-624-2663)
www.osteo.org

URINARY INCONTINENCE

Urinary incontinence, the involuntary loss of urine, ranges from slight urine loss to severe and frequent wetting. Because those affected often isolate themselves, refusing to leave home or see other people for fear of an "accident," incontinence can be both a medical and social problem.

There are two common types of incontinence in older women:

- urge incontinence—a strong urge to urinate and an inability to hold urine long enough to reach a toilet, or
- stress incontinence—during physical exertion or when sneezing or coughing some urine uncontrollably leaks.

Incontinence is not an inevitable result of aging. It is caused by specific changes in your body—for example, it may result from a disease or the use of certain medications.

Experts say that 80 percent of incontinence cases can be cured or improved. There are a variety of treatment choices, including:

- Kegel exercises can help with stress incontinence and urine retention. These exercises strengthen the muscles around the vagina that support the bladder.
- Bladder training is a program of scheduled voiding based on the principles of behavior modification. It consists of patient education and setting up urination at specific time intervals. It can be very effective.
- Medications can be prescribed for incontinence, though they do sometimes cause unwanted side effects such as eye problems, dry mouth, or a buildup of urine. Careful supervision by a doctor is necessary.
- Surgery is used to improve or even cure structural problems such as abnormalities in the position of the bladder.

Some women are embarrassed by incontinence and may be reluctant to discuss the problem with their doctor. However, if you are having trouble controlling urine, you should seek prompt medical attention to determine the cause and set up a treatment regime. Even when incontinence can't be completely cured, new products and ways of managing the condition can ease the discomfort and inconvenience.

ORGANIZATIONS

National Association for Continence
P.O. Box 8310
Spartanburg, SC 29305-8310
1-800-BLADDER (1-800-252-3337)
www.nafc.org

National Kidney and Urologic Diseases Information Clearinghouse
3 Information Way
Bethesda, MD 20892-3580
1-800-891-5388
www.niddk.nih.gov

The Simon Foundation for Continence
P.O. Box 835
Wilmette, IL 60091
847-864-3913 / 1-800-237-4666
www.simonfoundation.org

TAKING CHARGE

CAREGIVING

Caregiving presents a special challenge to women with older parents or other relatives. With increased longevity, older people are living into their 80s and 90s. This means it's not unusual for a woman in her 60s to be the primary caregiver for a parent, an aging spouse, a friend, or even a grandchild. Caregiving usually means helping with meals, shopping, laundry, or arranging medical visits. It can also mean helping with bathing, dressing, or transportation.

An overwhelming majority of caregivers are women, mostly wives and daughters. In fact, caregiving responsibilities have a very predictable pattern with older spouses being the first to assume the role, followed by daughters, sons, daughters-in-law, and other relatives, in that order. Women who are caregivers are more likely then men to express a sense of burden regarding their responsibility. They are also more likely to feel guilt about what they are not able to do. Caregiving may often be stressful but research indicates that most caregivers do not always view their role as a burden.

Women providing care, particularly for an older parent or spouse, may find the following strategies helpful:

- Reassure the person being cared for by expressing your support and showing that you can be depended upon to help solve problems.
- Gather as much information as possible about the older person's situation. You might want to become familiar with legal matters, financial arrangements, health care resources, support services, housing/recreation options, and specific diseases such as Alzheimer's disease.
- Get a professional assessment of the older person's problems. Seek out health professionals who are trained in or have experience caring for older people by calling your local medical society, hospital, or medical school.
- Help the older person retain as much control as possible of his or her affairs.
- Share the caregiving responsibilities with family, friends, professionals, and paid helpers. Do not try to do everything by yourself.
- Try to make changes slowly. This will help you avoid being overwhelmed.
- Remember to take care of yourself —seek counseling if a caregiving situation becomes too consuming or stressful.
- Take time off. You need recreation and time to pursue your personal interests. Be honest about the limitations on your time or energy.

ORGANIZATIONS

Administration on Aging
Eldercare Locator
1-800-677-1116
www.aoa.dhhs.gov

Children of Aging Parents
1609 Woodbourne Rd., Suite 302A
Levittown, PA 19057
215-945-6900 / 1-800-227-7294
www.careguide.net

National Alliance for Caregiving
4720 Montgomery Ln., Suite 642
Bethesda, MD 20814
301-718-8444
www.caregiving.org

FINANCES

Many older women are able to enjoy their retirement years with enough money to meet their basic needs and enjoy some leisure activities. Other women, especially widows, face limited income or poverty for the first time. Even women with partners or savings may simply outlive their assets.

Women have generally earned lower salaries than men and this further limits their retirement benefits. Women also are more likely than men to work part-time and for employers who do not offer pension benefits—such as in the service industry. For a lot of women over 65, Social Security, which is intended to supplement other retirement income, is their only source of support.

Some older women do not receive the benefits they are eligible for because they don't know about them, they don't know how to get them, or they are too proud to accept this assistance. Other older women, especially those for whom English is a second language, may not understand the complicated paperwork necessary to initiate payments.

Keeping Financial Records

It's a good idea to keep a detailed record of important financial information and note the location of valuable papers and property. The following are examples of the kinds of information to include in this written document:

- Assets and sources of income (e.g., pension funds, interest income);
- Social Security details;
- Investment income, savings, stocks, bonds, property;
- Insurance policy numbers (e.g., life, health, home, car);
- Bank accounts (savings, checking, credit union);
- Income tax returns;
- Liabilities (e.g., what you owe and to whom, when payments are due);
- Mortgages and debts; and
- Credit cards and charge accounts.

ORGANIZATIONS

Older Women's League
666 11th St., NW, Suite 700
Washington, DC 20001
1-800-TAKE-OWL
(1-800-825-3695)
www.owl-national.org

Social Security Administration
Office of Public Inquiries
6401 Security Blvd.
Rm. 4-C-5 Annex
Baltimore, MD 21235-6401
1-800-772-1213
www.ssa.gov

HOUSING OPTIONS

Most older women are independent, but at some point support from family, friends, or local meal or transportation programs may not be enough. If a lot of help with everyday activities is needed, it may make sense to consider moving to a place where care is available around-the-clock. There are two types of residential care:

- Assisted living arrangements are available in large apartment or hotel-like buildings. They can also be set up in "board and care" homes for a small number of people. They offer different levels of care but often include meals, recreation, security, and help with bathing, dressing, medication, and housekeeping.
- Skilled nursing facilities are sometimes called nursing homes. They provide 24-hour services and supervision as well as medical care and rehabilitation for residents who are mostly very frail or suffer from the later stages of dementia.

Sometimes different levels of care are offered at one site. Continuing care communities often locate an assisted living facility next to a nursing home so that people can move from one type of care to another if necessary.

ORGANIZATIONS

Administration on Aging
Eldercare Locator
1-800-677-1116
www.aoa.dhhs.gov

Health Care Financing Administration
1-800-633-4227 (Medicare)
www.medicare.gov

Nursing Home Information Service
National Council of Senior Citizens
8403 Colesville Rd., Suite 1200
Silver Spring, MD 20910-3314
301-578-8800
www.ncscinc.org

WIDOWHOOD

Becoming a widow often means losing a relationship lasting most of a lifetime. It can cause profound grief. Recovery can be painful and takes time. The period of most intense grief can last from a few months to a year or more. During this time it is normal for a woman to feel despair or depression, irritability, and even anger toward the person who died. Until the death is accepted, crying or talking a great deal about the lost loved one is normal. Loneliness is also common. The initial intense period of grief is usually followed by a woman increasing her range of independence. She may seek out new friends and activities. Some women need special help with the social and psychological strains of widowhood.

ORGANIZATIONS

American Association of Retired Persons (AARP)
Widowed Persons Service
601 E. St., NW
Washington, DC 20049
202-434-2277 / 1-800-424-3410
www.aarp.org

RESEARCH ON WOMEN'S HEALTH

The health and well-being of older women is a major focus of research at the National Institute on Aging (NIA). Studies have helped scientists understand how women age. They have shown that while some aspects of aging are similar in men and women, distinct differences do exist. An important overall conclusion of NIA-funded research is that different organs, different systems, different individuals all age at different rates. Furthermore, physical and mental decline with age is not inevitable.

NIA conducts and supports a wide range of studies. Some research projects focus primarily on issues of women's health—e.g., osteoporosis and hip fractures; hormonal changes with age; urinary incontinence. Other projects examine the effects of menopause, the role of women as caregivers, the psychological health of older women. Aspects of aging common to both genders are also investigated—Alzheimer's disease, cancer, changes in the heart with age, resistance to disease, and frailty.

The Institute's major clinical study of human aging is the Baltimore Longitudinal Study of Aging (BLSA). This study began in 1958. It looks at over 1,300 women and men, age 20 to 97, as they age. The BLSA is helping scientists learn more about older people's health and well-being across the lifespan.

The BLSA is also documenting similarities. For example, men and women are alike when it comes to age-related adaptations in cardiac structure and function; both men and women maintain their distinctive personality characteristics as they age; and patterns of forgetting verbal material are similar for men and women with advancing years.

BLSA findings have enormous practical significance. They suggest ways to delay, reduce, or even reverse increasing vulnerability to disease and frailty with age. BLSA investigators have been among the first to report that estrogen replacement therapy may protect against Alzheimer's disease and the memory decline associated with cognitive aging. There is also evidence that estrogen replacement therapy has a beneficial effect on learning in postmenopausal women. This may be related to the effects of estrogen on regional cerebral blood flow. In the area of disease prevention, the finding that nearly all women over age 55 have no immunity to tetanus may mean that routine immunization guidelines need to be revised. NIA research also looks at understanding the genetics of ovarian cancer, a disease that disproportionately affects older women.

The quality of an older women's life is as important as its length. As knowledge increases about aging processes and with studies focusing on the special health issues of women, NIA research will make significant contributions to the health and independence of older women.

RESOURCES

The following organizations can also provide information helpful to older women.

Alliance for Aging Research
2021 K St., NW, Suite 305
Washington, DC 20006
202-293-2856
www.agingresearch.org

American Association of University Women
1111 16th St., NW
Washington, DC 20036
1-800-326-2289
www.aauw.org

American Society on Aging
833 Market St., Suite 511
San Francisco, CA 94103-1824
415-974-9600
www.asaging.org

Business and Professional Women/USA
2012 Massachusetts Ave., NW
Washington, DC 20036
202-293-1100
www.bpwusa.org

Commission on Legal Problems of the Elderly
American Bar Association
740 15th St., NW
Washington, DC 20005-1022
202-662-8690
www.abanet.org/elderly

Elderhostel, Inc.
75 Federal St.
Boston MA 02110-1941
1-877-426-8056
www.elderhostel.org

Gray Panthers
733 15th St., NW, Suite 437
Washington, DC 20005
202-737-6637 / 1-800-280-5362
www.graypanthers.org

Hadassah
50 W. 58th St.
New York City, NY 10019
212-355-7900
www.hadassah.org

Jacob's Institute of Women's Health
409 12th St., SW
Washington, DC 20024-2188
202-863-4990
www.jiwh.org

National Asian Women's Health Organization
250 Montgomery St., Suite 1500
San Francisco, CA 94104-3409
415-989-9747
www.nawho.org

National Council of Women's Organizations
1126 16th St., NW, Suite 411
Washington, DC 20036-4804
202-331-7343
www.womensorganizations.org

National Council on the Aging
409 3rd St., SW
Washington, DC 20024
202-479-1200 / 1-800-424-9046
www.ncoa.org

National Health Information Center
P.O. Box 1133
Washington, DC 20013-1133
301-565-4167 / 1-800-336-4797
www.nhic.org

National Hispanic Council on Aging
2713 Ontario Rd., NW
Washington, DC 20009-2107
202-265-1288
www.nhcoa.org

National Organization for Women (NOW)
733 15th St., NW, 2nd Floor
Washington, DC 20005
202-628-8669
www.now.org

National Women's Health Resource Center
120 Albany St., Suite 820
New Brunswick, NJ 08901
732-828-8575 / 1-877-986-9472
www.healthywomen.org

Society for Women's Health Research
1828 L St., NW, Suite 625
Washington, DC 20036
202-223-8224
www.womens-health.org

Wider Opportunities for Women (WOW)
815 15th St., NW, Suite 916
Washington, DC 20005
202-638-3143
www.w-o-w.org

YWCA of the USA
Empire State Bldg.
350 5th Ave., Suite 301
New York City, NY 10118
212-273-7800
www.ywca.org