

Health Through The Ages

As women, we can expect our bodies to change over time. Each decade offers opportunities for us to be as healthy as possible. During the 20s, 30s, 40s, 50s, 60s and beyond, you'll be making choices about how to take care of yourself.

The healthier you are, the better you'll feel, and the more you'll enjoy all that life has to offer. Over the next few pages, we offer suggestions for healthy living across the decades. Look backward, look forward and remember this really is the first day of the rest of your life.





20s & 30s

You're young now with the rest of your life ahead of you. However, what you do now not only affects the quality of your life in your 20s and 30s but also as you age.

Healthy habits Now's the time to establish—if you haven't already—healthy habits. If you smoke, seek support to stop; and avoid second hand smoke as well. If you drink alcohol, do so in moderation, and never drive after drinking. Don't drink any alcohol if you are or might be pregnant. Eat a healthy diet to reduce your risk for many cancers and heart disease and to help with weight management. Incorporate physical activity in your daily routine, making it a lifelong habit. Use sunscreens to protect against ultraviolet rays that can age your skin and cause cancer. Preventive health care, including regular physicals and monthly breast self-examinations, may add years to your life.

Going to the doctor Starting at age 18, or younger if you're sexually active, you should be getting Pap tests for cervical cancer. If you're at high risk for breast cancer, your doctor may recommend a baseline mammogram in your late 30s.

Reproductive health It's important to discuss birth control options and how to protect yourself from sexually transmitted diseases with your doctor. And if you want to become pregnant, talk with your doctor about any additional risks, precautions and proactive care associated with your disability and being pregnant. Half of all pregnancies are unplanned. If you are sexually active and fertile, adopt healthy habits in case you become pregnant.

Nutrition Reducing the amount of fat you eat and increasing your intake of fruits, vegetables and whole grains can help reduce your risk of heart disease, stroke and cancer. The amount of bone you build and strengthen now through diet and exercise will directly affect your risk for osteoporosis later. Include calcium-rich foods, such as dairy products, salmon and leafy green vegetables in your diet. Boost your intake of folic acid before becoming pregnant; it helps reduce the risk of some birth defects.

40s

Your 40s are a transitional time. You're moving out of your child-bearing years towards menopause; and in the meantime, you may be juggling families, aging parents and work. This can be an exciting but challenging decade!

Healthy habits You're no longer building bone mass, you're slowing losing it. Your metabolism has also probably slowed down so it's harder to keep the weight off. A low-fat diet, weight-bearing exercise and physical activity can help with both of these; it's never too late to start! Also, those suntans of your

youth may start catching up with you as the cumulative effect of ultraviolet rays increases your chance of skin cancer.

Carefully check your skin on a regular basis for signs of skin cancer. Read more about what signs to look for in the "Special Health Concerns" section on page 58 of this magazine.

Going to the doctor

At age 40, you should begin annual fecal occult tests to detect blood in your stool, an indication of possible colon cancer. Also, talk to your doctor about being tested for diabetes if you have any risk factors for it. Type II diabetes occurs most often after 40. Because it rarely causes symptoms in the early stages, millions of people have type II diabetes and do not know it. Your doctor may recommend that you have a mammogram every one to two years in your 40s. You might also want to have a bone density test before menopause to use as a baseline to measure how rapidly you lose bone.

50s

By the time you're in your 50s, you've gone through the "change of life" and are moving into what many consider the "prime of life." Enjoy those things that you may have put on hold while you built your career or reared your children.

Reproductive health

Your 40s can be like going through puberty in reverse as your reproductive organs begin to slow down. The years when menopause-related changes begin are called perimenopause. During perimenopause, you may have irregular periods, hot flashes, fatigue, mood swings and sleep disturbances for a few months to six years—or longer.

Nutrition Continue a diet high in fruits, vegetables, and whole grains including sources of folic acid and calcium. Reduce the fat you eat to protect against heart disease, stroke and cancer. You might consider adding soy to your diet; it may help decrease hot flashes and other menopausal symptoms and prevent osteoporosis.



Healthy habits As you age, your skin becomes thinner, drier and more fragile. Take good care of your skin by using sunscreens, washing with mild soaps, and using a moisturizer if your skin is dry. Don't smoke, and drink plenty of water. Also, examine your skin once a month; skin cancer accounts for half of all malignancies in the U.S. Continue your monthly breast self-examinations. Most women check their breasts shortly after their period, so once you stop menstruating choose a date each month to help you remember to check your breasts.

Going to the doctor Regular checkups and tests are even more important as you grow older as they allow you to catch problems at earlier, more treatable stages. Begin colon cancer tests (in addition to the fecal occult) at age 50. Your risk of breast cancer increases as you age; having annual mammograms is crucial.

Reproductive health The average age of menopause—when your periods stop completely—is 51, but it can happen between the ages of 40 and 55. For smokers, menopause may occur at an

earlier age than average. You are past menopause when you have not had a period for 12 consecutive months. Talk to your doctor about the possibility of hormone replacement therapy (HRT) to replace the hormones your body no longer produces. There are benefits and risks of HRT that each woman needs to consider.

Nutrition As you age and your risk for heart disease and cancer increases, a low-fat diet rich in vegetables, fruits and whole grains becomes even more important. Also, because your body has less muscle, it burns calories more slowly. Eat in moderation to help control your weight.

60s and beyond

Healthy habits

Because of longer life expectancies, most women can expect to spend some of their latter years alone.

However, women who become socially isolated are three times more likely to die from various cancers. It's important to continue pursuing your current interests and to look for some new ones as well. Keep up with your friends and family and enjoy an active social life. Don't forget to continue to exercise and eat a calcium-rich diet to slow down bone loss.

In your 60s, you still have many good years ahead of you, so make the best of them. If you've had a healthy lifestyle, you're more likely to continue to enjoy good health and your independence.

Going to the doctor At age 65, you should get a pneumonia shot and begin having flu shots every year. You may want to talk with your doctor about common problems—often resulting from hormone losses—such as urinary incontinence, sleep problems and memory loss. If you're feeling depressed as a result of the changes in your life or of coping with losses, don't be afraid to talk with your doctor as there are treatments available that may help you. Be sure to include regular visits to the eye doctor for a vision test and screening for glaucoma and cataracts. Your risk of breast cancer increases as you age; having annual mammograms is crucial.

Reproductive health While birth control is no longer an issue, remember to continue to protect yourself against sexually transmitted diseases. Continue to consult your doctor about the benefits and risks of hormone replacement therapy.

Nutrition As you age, you may lose some of your appetite and not eat as well. This can result in a number of health problems, so be sure to continue to eat a complete, healthy diet. Talk to your doctor about taking a multivitamin/mineral supplement to ensure you're getting all the necessary nutrients.



“Aging with a disability is something we have no record of, and it’s like facing the unknown; and doctors don’t know or have a lot of experience either.”



Aging with a disability: What’s been learned?

FOR THE FIRST TIME IN HISTORY, people who have experienced spinal-cord injuries, polio, cerebral palsy, strokes and rheumatoid arthritis are living nearly normal life spans. Like their peers without disabilities, they go through both the positive and negative aspects of aging. Some of the positive aspects include retirement, participation in leisure activities and visits with grandchildren.

However, research centers such as those at Rancho Los Amigos Medical Center in Downey, California, have accumulated evidence indicating that for a great many people, aging with a disability is accompanied by numerous problems that usually do not occur until 10 to 15 years later in nondisabled persons. Here’s some of what has been discovered and what can be done about it.

Medical Problems: For reasons that are still not well understood, individuals with disabling conditions are at heightened risk of new medical problems as they age.

- Compared to the national average for nondisabled persons, people with disabling conditions have three to four times as many additional health problems.
- The most common problems are high blood pressure, diabetes, high cholesterol, obesity, respiratory conditions, loss of bone mineral, and thyroid disorders.
- Many people do not know they have these problems because they don't have a primary care doctor to monitor their health.
- Some impairments appear to be strongly linked to certain medical conditions. People with spinal cord injuries develop diabetes at nearly four times the rate of nondisabled persons. Those with cerebral palsy have many times the number of fractures per year compared to their nondisabled counterparts.
- The most important precaution consumers can take is to have yearly examinations by a primary care doctor—an internist or family physician—who is committed to their care.

Functional Problems: The most common complaint of people aging with disabilities is a complex of fatigue, new weakness and pain.

- There is no single explanation for these problems. This complex occurs across all impairments in anywhere from 25–80% of people studied.
- These symptoms often progress and become severe enough to affect work, social activities and the ability to do household or self-care activities.
- It is important to seek medical/therapy intervention to treat or accommodate these changes. The recommended treatment for these symptoms is to do less, not to try to work through them. Use of additional assistive equipment or devices can also help.
- For changes that affect work, job accommodations are usually helpful; and many employers and coworkers are willing to make changes.

Psychological Changes: The biggest psychosocial issues are maintenance of quality of life and the impact of changes in health on the person's family.

- For many people, changes in health or functioning lead to episodes of depression. Depression affects 15–40% of people aging with disability, compared with 5–10% of people without disabilities. Depression is a very treatable disorder. Prolonged changes in mood, outlook, sleeping or behavior should be brought to the attention of a doctor.
- Family members and other care providers need to anticipate these multiple changes and plan for them. Increasing needs for help will take additional time and resources.
- For most people aging with a disability, the longer they live with it, the more satisfying life becomes. High life satisfaction appears to relate to being able to maintain valued activities as one ages. 

By Bryan Kemp, Ph.D., Director of the Rehabilitation Research and Training Center on Aging with Spinal Cord Injury at Rancho Los Amigos Medical Center, Downey, California. Article is reprinted courtesy of *New Mobility* magazine at <www.newmobility.com>.

THROUGH THE AGES RESOURCES

Health Promotion for Women with Disabilities
<www.nursing.villanova.edu/WomenWithDisabilities/welcome.htm>

The National Women's Health Information Center
<www.4woman.gov/wwd/index.htm>

Center for Research on Women with Disabilities
<www.bcm.tmc.edu/crowd/>

Aging with Developmental Disabilities: Women's Health Issues.

A fact sheet by
The Arc.
<www.TheArc.org>

Resourceful Woman newsletter
Health Resource
Center for Women with Disabilities,
Rehabilitation Institute of Chicago
345 E. Superior St.
Room 106
Chicago, IL 6061.
Phone: 312-238-1051

Our Bodies, Our Selves for the New Century.
Boston Women's Health Book Collective.
Published by Touchstone, a division of Simon & Schuster Inc, 1998.

CLEAR THE AIR

If you don't smoke now—don't start!

If you do smoke, it's never too late to quit.

Smoking remains the number one cause of preventable disease and death in the U.S., with more than 140,000 women dying each year from smoking-related diseases. Use of tobacco increases your risk of cancer, heart disease and stroke, respiratory diseases, and reproductive disorders. Tobacco use also increases risk of miscarriage, stillbirth, pre-term delivery, and infant death and is a cause of low birth weight in infants.

Smoking not only affects *your* health, but also your children's health. It's estimated that mothers who smoke at least 10 cigarettes a day can cause asthma among their children. In addition, children with asthma have their condition worsened by exposure to second-hand smoke. Second-hand smoke also increases a child's risk of pneumonia, bronchitis and fluid in the middle ear.

Breaking the smoking addiction is hard, but you can do it. Here are some tips:

- Write down why you want to quit.
- Know that it will take effort to quit. Take it one day at a time.
- Set a quit date.
- Get rid of all cigarettes at home, in the car and at work.
- Consult your primary care physician for help. Consider nicotine replacement products, counseling, and even acupuncture.
- Consider joining a smoking cessation support group.
- Tell friends and family how they can help.
- Think of three cigarette substitutes you can use such as fresh fruits, chewing gum, crocheting, drawing, or squeezing a rubber ball. Put these in places where you kept cigarettes.

If you start to smoke again, don't feel bad. Try quitting again. Your chances of remaining smoke-free get better with each try. You fail *only* when you stop trying.

Editor's note: Information from National Women's Health Information Center at <www.4woman.gov> and also from the Centers for Disease Control and Prevention at <www.cdc.gov>.

BENEFITS of quitting

- You'll start to breathe easier within 2–3 weeks.
- More oxygen will get to your brain.
- Your ability to taste and smell will improve.
- You will probably live longer and better.
- Your chance of having cancer, heart disease, or a stroke will lessen.
- Your chance of having a healthy baby will improve.
- You will have more money to spend on things other than cigarettes.

Remember—withdrawal symptoms are normal and will end soon. Your body is healing and you are becoming a healthy ex-smoker.

Help is available:

- American Cancer Society.
800-ACS-2345.
Web site: <www.cancer.org>
- National Cancer Institute.
800-4-CANCER.
Web site: <www.nci.nih.gov>
- Office on Smoking and Health. 800-CDC-1311.
Web site: <www.cdc.gov>

A Long and Healthy Life

IT'S YOUR CHOICE

Here are 10 choices you can make to help improve your chances of leading a long and healthy life:

1. **Eat a balanced diet**, including at least 5 fruits and vegetables a day, plenty of grains and fiber, lots of calcium-rich foods (dairy products, broccoli, tofu, canned sardines/salmon).
2. **Be physically active**—30 minutes each day of activities like walking, dancing, yoga, gardening, playing golf go a long way to keep both mind and body in good shape.
3. **Get regular preventive checkups.**
4. **Don't smoke.** If you do, know that it's never too late to quit.
5. **Be safe**—always wear your seatbelt and bike helmet. Use smoke and carbon monoxide detectors in your homes. Use street smarts. Keep you home well lit and free of things that could make you fall.
6. **Use medicine wisely.** Follow directions and ask your doctor and pharmacists about side effects and drug interactions.
7. **Avoid getting too much sun**, getting too hot or too cold.
8. **If you drink alcohol, use moderation.** (One glass a day for a woman is considered moderate.)
9. **Keep your personal and financial records in order.** Plan for your long-term housing and money needs.
10. **Stay in touch with family and friends.** Be involved in your community. Keep a positive attitude and do things that make you happy.

Adapted from the National Women's Health Information Center.
800-994-9662. Web site: <www.4woman.gov/>

