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### What is wrong with getting old ?

What is wrong with getting old ? There are many people who would say: everything! But I would not agree with them, and my own age qualifies me to have another opinion on this issue. Yes, we are faced with many new challenges as we grow older, but the dice are not all loaded against us.

One thing that is wrong with old age is that it has had a very bad press in our youth-oriented western culture, where it has been badmouthed for a very long time. More than two-thousand years ago the Greeks and Romans gave aging a bad name, and today the attitude toward it has developed into "agism", one of the prejudicial stereotypes, on the level of racism and sexism.

Some years ago an interesting experiment was <sup>conducted</sup> ~~concluded~~ at a Californian university. A class of students was asked to answer whom they would choose if a child, an adult and an old person were in danger of drowning and they could save only one. The recorded answers showed that some would save the child and some the adult - because the child may have a long future and the adult many responsibilities - but nobody chose the old person. When I discussed this experiment in social science with a group of psychiatric residents, one young man from East India said that in his country the answers would have been different: the majority of people when faced with such a choice would probably have chosen either the child or the old person to be saved and few the middle-aged adult, because in his Eastern culture the old people are honoured, respected and highly esteemed.

The "agism" in our culture often takes subtle, patronizing forms without the person who is guilty of it being aware of it. For example, when I meet people who have not seen me for some time and who are younger than I, they usually greet me with: "You are looking well." And I am often tempted to respond: "Why not ?" "What did you expect ?" Is there a tacit expectation that when you are elderly you either look miserable or you are dead ? The actor George Burns, at his 90th birthday party, quipped: "When I wake up in the morning, I get the paper, look in the obituaries and if I don't see my name there I get up and have breakfast." The other day I saw a cartoon in a medical journal: a cheery nurse approaches an elderly patient in a hospital bed and the patient begs her "Nurse, I wish you would stop saying I will live to be 90 - I am already 93 !"

However, "agism" can also express itself less subtly in an almost phobic, irrational attitude toward the elderly, because young and middle-aged adults may become anxious and angry when they come face to face with what will eventually happen to them. On the other hand, children and adolescents do not have such fears and usually feel very comfortable with the elderly because they do not feel threatened by them.

So much about the negative social attitudes toward aging in our culture. Let us look now at some biological, medical and psychological facts that we should know about aging. True, many of these facts are negative, but not all of them. And there are ways to adjust to, and even compensate completely for, the losses and deficits that come with aging. There are good and bad news. The good news is that all of us have the chance to live very much longer than our parents did. The average life expectancy has increased tremendously since the turn of the century. In fact, people over 75 are today the fastest growing populations in the industrialised countries. The bad news is that the enormous progress in medicine and medical technology that has extended our life span, has not yet been able to deal successfully with all the ills that come with a longer life.

One inevitable change that occurs with aging, after the age of maturity has been reached, is the slowing of many biological processes. (Incidentally, biological maturity is reached at about 20 years of age; afterwards it's all downward, but very, very slowly.) However, after 50 or 60 years of age one notes a slowing of metabolism: greater sensitivity to cold temperatures and greater sensitivity to side effects of medications. Then there is slowing of hormonal activity that expresses itself in reduced sexual drive and activity, but also, to our advantage, in diminished aggressivity. Our gait slows down - a recent survey revealed that only 20 per cent of people over 80 can cross the street while the green light is on. As everybody knows, reaction time slows with age, and that is important for the elderly who drive a car and should allow more time for necessary breaking responses. All our motor reflexes tend to slow, which also affects our sense of balance. (If you are elderly and still do downhill skiing, you will have to remember that you can no longer rely mostly on your automatic reflexes. You will have to compensate for that loss by using your eyes and a lot of mental concentration.)

Medically we become impaired too as we age. Our resistance to infection decreases, because our immune system is slowing down. Therefore it is important to get extra help and we must not forget our 'flu vaccine in the fall! Having lived for a long time, the elderly are, of course, more susceptible to the wear-and-tear diseases of the heart, the blood vessels, the lungs, and the joints. (Our hearts beat more than 30 million times every year.) That means that heart disease, arteriosclerosis, emphysema of the lungs and arthritis often develop as we grow older. Although we do not yet have cures for all these diseases, we can frequently prevent or, at least, delay them with proper diet, a healthy life style and regular exercise.

There are even some medical gains that some of us may collect as we grow older. For example, the elderly sometimes increase their immunity to the common cold virus and may also lose some of the allergies from which they may have suffered in their youth. They also may no longer become sea- or car-sick if they were troubled by this in their younger years.

What about psychological and mental changes in the elderly? Let us understand one thing clearly: senility is not a normal consequence of aging, no matter how old we get. Senility is a term that refers to an illness, namely dementia, the severe loss of one's mental faculties. Senile dementia, for instance Alzheimer's disease, is a disease of old age that strikes a certain percentage of people in the higher age range. But there are many very old persons who retain their lucidity at all times and never become senile. The term for mild and normal mental changes that occur with aging is senescence.

There are some changes, in addition to the general slowing of biological and behavioral functions, that occur in all of us during the period of senescence, that is in advanced normal aging: the senses become more blunted, for instance our vision (requiring us to wear glasses), our hearing (often calling for a hearing aid), smell and taste (often requiring more spices in our food).

One of the best known changes that occurs with aging is mild loss of recent memory and of the ability to recall quickly certain names and even words. (Typically, these words are "on the tip of the tongue" and come back to memory a few minutes or a few hours later.) These temporary slips of memory actually occur at any age and only become more frequent when we get older. They should give no reason for particular concern and are

certainly no sign of approaching Alzheimer's disease! Nor are such common momentary memory lapses as finding yourself in the kitchen and not remembering, for a few moments, why you went there.

The loss of mental powers, that expresses itself in a slowing of certain functions of intelligence, for instance problem solving and recall of recently learned information, with aging has been exaggerated in the past. Recent research has shown that it does occur but not to an extent that would be significantly troubling for day-to-day functioning.

Certain mental functions even improve with age, for example verbal intelligence, meaning that the extent and use of vocabulary increases and judgement improves. These are some of the most important components of what we call general intelligence.

The power of mental concentration often diminishes as we are aging, but this deficit is mostly due to lack of practice and can be greatly improved by what I call "mental aerobics", that is exercises in concentration, for instance doing regular crossword puzzles or practicing frequently arithmetic in your head. (examples:  $112 + 369$ ;  $17 \times 14$ , etc.) The old saying "Old dogs can not learn new tricks" is certainly not true - I know people who successfully started to learn typing, or a new language, in their eighties!

We all had to learn how to become adults; later we have to learn how to become elderly.

Some of the perks that society donates to us as we grow older, are reduced fares for public transport, lower prices for movie tickets, etc. Also, we no longer have to acquire the traditional attitudes and gestures of looking wise and dignified and act in a pompous way, for example addressing every male below 50 with "well, son...mark my words...do the right thing..." Thank God, that kind of acting is outmoded today, although our improved judgement, greater experience and lessened aggression, as we grow older, makes us indeed more qualified to give advice in life's problems. Today however, the general advice to the elderly is: when you feel like doing something silly - and it is not dangerous to you or others - by all means do it!

True, we have suffered important losses when we have grown old, losses of youthful appearance, strength and power. Also, there are three kinds of events that provide important daily gratifications and that occur less frequently in old age. These are achievements, social contacts and recreations, most of them related to regular work and other daily activities. When we lose our regular work, we lose many opportunities for achievements and personal contacts. And we lose many recreational opportunities when our physical energy diminishes with age. So the supply of these three important and gratifying motivations is dwindling as we grow older.

How do we cope with all these losses? First, we have to understand that it is useless to continually lament the fact that we no longer have what we used to have. We must learn to overcome our wounded self-love and not even talk about it. One priority dominates all others, as we grow older. That priority is autonomy or independence. As long as we can remain independent - even when we are handicapped - we can be proud of ourselves. The other most important priority is to <sup>remain</sup> active, engaged and committed, whether in hobbies, clubs, church meetings or voluntary work. Such work will also protect us against loneliness which is a common and dangerous enemy of the elderly. I feel strongly about this, so much so that, in my opinion, after retirement age we should be prepared to pay for the privilege of being allowed to work, if that would be necessary.

A research study that followed a cohort of people as they were aging showed clearly that the longest survivors were the ones who remained most active and most engaged with others.

However, our need for pleasure does not diminish with age, and this need requires more than the simple biological pleasures of eating and sleeping. One need, if satisfied, can replace many of the pleasures lost, such as making a fortune, succeeding in a career or partying - that one need is to be loved or appreciated or needed.

To be appreciated by others we have to be interested in them, accept them, listen to them and sincerely try to understand them. We must also avoid making a nuisance of ourselves by talking too much about the "good old days" and about our aches and pains, our operations, and bowel movements or the lack of them.

Finally, what we all have to do as we grow older is to restructure our basic value system: from making money and gathering power to being appreciated and needed.

A few more comments on some of the biological and medical problems that often develop in older age. A common complaint is insomnia. Before being alarmed about it, one has to understand that the elderly do not need more than 5 or 6 hours of sleep in 24 hours. As long as we get that much we do not need to see a doctor. Everybody has a bad night once in a while. Only after two or three bad nights in a row do we need to become concerned. Another fact that is quite normal for many older persons is that their sleeping is frequently broken during the night. As long as one falls asleep again everytime, within 15-30 minutes, there is no need to worry. Technically speaking we distinguish four stages in what is called the sleep profile if we measure the brain's electrical discharges during sleep. In the elderly, the stage IV sleep is much reduced, and because of this old people sometimes do not feel as rested after a night's sleep as they used to feel 20 or 30 years earlier.

Medical advice or intervention for insomnia in elderly people may only be indicated if they sleep regularly less than 5 hours during the night, or have sleep interruptions without being able to fall asleep again within about one hour. If sleeping pills are prescribed, it is best not to take them every night, but only two or three nights a week, and not for more than a month or two. That way it is less likely that the sleeping pills will be habit forming. It is somewhat controversial whether an elderly person should be encouraged or allowed to take a nap in the afternoon. For many people a nap provides a restful break in the day's activities, for others it might interfere with the next night's sleep. At any rate, a nap during the day should not last for more than 1/2 or 1 hour.

Anxiety states and nervous tension develop in many elderly people and may in some cases lead to excessive use of alcohol. If tension and anxiety are so persistent and severe that they disrupt normal daily functioning, the wisest thing to do would be to seek medical advice.

Depression is a more serious condition and is often not recognised as an illness. Even some physicians may not diagnose the loss of energy, the inability to enjoy anything, the loss of sleep and appetite as an illness and

attribute all these symptoms to "normal" consequences of aging. This is unfortunate because, properly diagnosed and treated, many depressions in the elderly can be cured or, at least, significantly relieved in a few weeks.

To sum it all up: there is much wrong with getting old - but really not much more than with living at any age. Each age has its own, different problems and we have to learn how to best adjust to them. By the time we have become seniors in the school of life, we have the considerable advantage of long experience in the game of coping with life's vicissitudes, and we must not forget that some things may get better in old age than they ever were before.