

Healthy Living for the Mature Woman

When you take a proactive approach to your health, you can prevent many of the conditions, illnesses and physical declines that can accompany aging. Getting recommended tests, scans, screens and vaccinations doesn't just help keep you healthy, it helps your physician to detect and diagnose health problems, provide treatment options and, in many cases, measure treatment success.

Cancer Screening

- **Breast:** Have a hands-on breast exam every year and a mammogram every one or two years. Have a mammogram every year if you have a history of breast cancer in your family. Discuss continuing mammograms after age 75 with your physician.
- **Cervix:** Have a digital vaginal exam and PAP test every one to three years. Have a PAP test every year if you have significant risk factors for cervical cancer, less often if you don't. Many women discontinue having PAP tests after age 65 if they have had three documented normal PAP smears in a row.
- **Ovaries:** No good screening test exists for ovarian cancer, but a yearly digital vaginal exam may detect ovarian cancer in an early, treatable stage.
- **Colon:** If you are at low risk for colon cancer, have a stool exam (Hemoccult) every year and an inspection (sigmoidoscopy) of the lower colon every five years. If you are at high risk, have a colonoscopy of the entire colon every three to five years.
If you are at low risk for colon cancer, you may want to discuss discontinuation of the sigmoidoscopy or colonoscopy at age 75 with your physician.
- **Lungs:** While chest X-rays are suggested for heavy smokers, no good screening exam currently exists for lung cancer.
- **Skin:** Skin cancer is the most common form of cancer – and the easiest to cure. An annual skin check is recommended for everyone over 60. Twice-yearly checks are suggested for those who spent significant time in the sun when they were young, have fair skin, have a high number of moles, and/or have a family history of skin cancer.

Prevention of Infection

- **Pneumonia (bacterial pneumococcus):** At age 65, get vaccinated against bacterial pneumonia. Get revaccinated every five years if you are at high risk for infection.
- **Influenza/flu:** At age 60, a flu vaccination – between October and late December – is recommended.
- **Tetanus:** Get a booster shot every 10 years and discuss special situations – such as travel outside of the United States – with your physician. Some studies indicate that, after the primary series of shots and periodic boosters, booster shots may not be necessary after age 50.
- **Tuberculosis:** A Mantoux skin prick test can detect exposure to tuberculosis. The test should be done prior to entering an assisted living facility or nursing home, and it should be done yearly for people at high risk for exposure to the tuberculosis bacteria.

Chronic Illness and Disability

- **Stroke and Heart Attack:** Your physician may recommend low-dose aspirin daily if you have ever had a stroke or heart attack. To help prevent both, avoid or discontinue smoking. If you have high blood pressure, lower it to less than 140/85 with a combination of medications, diet and exercise. If you have diabetes mellitus, lower your blood sugar with medication (pills, insulin) to achieve a blood-sugar count of eight or less (as measured by a Hemoglobin A1c test). If you have coronary artery (heart) disease, lower your blood cholesterol with diet and medications to achieve an LDL “bad” cholesterol reading of less than 100.
- **Osteoporosis:** Bone loss – leading to weak, easily broken bones and falls – escalates after menopause. A bone density test should be done as you enter menopause and, depending on your risk factors, every one to three years after that. If treatment or preventive measures are advised, you should begin a weight-bearing exercise program; boost and maintain calcium intake at 1,200-1,500 mg per day with fortified products (milk, orange juice, etc.) or calcium supplements (Oscal-D, Spring Valley Chewable Calcium, etc.); and maintain your Vitamin D level at 400-800 IUs per

- day. Treatment includes hormonal medications, such as Premarin or Evista, and non-hormonal medications, such as Fosamax or Miacalcin.
- Osteoarthritis: While there is no way to prevent osteoarthritis, the condition can be effectively managed and pain lessened with weight management, exercise (including stretching and limbering programs), and prescription and over-the-counter pain medications, such as acetaminophen. You also should maintain appropriate calcium and Vitamin D levels.
 - Depression: Mood disorders can be subtle in an older person, and may result in significant social and physical impairment. More than 80 percent of older adults diagnosed and treated for mood disorders improve, so it is important to discuss depressive symptoms with a physician and get treatment.
 - Dementia: Symptoms of dementia may be prevented by treating high blood pressure and preventing strokes, as well as incorporating stimulating activities and social engagement into your life. There is no evidence that Vitamin E or ginkgo biloba prevent or lessen the effects of dementia.
 - Nutrition supplementation: Eating a balanced diet is best way to get the vitamins, minerals, trace elements, nutrition and calories you need to maintain your health, strength and energy. A standard over-the-counter multi-vitamin/mineral pill will supply any vitamins and minerals that may be missing from your diet. However, if you are at risk for osteoporosis, you also may need to take calcium and Vitamin D supplements.
 - Adverse Medication Interactions: Make sure your physician, nurse and dentist are aware of all medications you are taking. Consider listing prescriptions, over-the-counter medications and herbal products you take on a 3-by-5 index card and carrying it with you.

Injury Prevention

- Falls: Complications from falls are the primary cause of death from injury for women 85 and over. Inspect your home for problems and situations that can cause falls. Cleveland Clinic's Geriatric Medicine team can help with a referral to the Home Care Department, or you can use this [home safety checklist](http://www.cpsc.gov/cpscpub/pubs/701.html). (www.cpsc.gov/cpscpub/pubs/701.html) If balance or gait problems exist, consult a physical therapist for strengthening and balancing exercises and/or to properly fit a gait-assist device, such as a cane or walker.
- Motor Vehicle Accidents: Complications from automobile accidents are the primary cause of death from injury for women 65-74 years of age. To refresh or update your driving skills, consider enrolling in AARP's 55 Alive Program (888.687.2277) or AAA's Safe Driving for Mature Operators Program (800.711.5370). If you have concerns about your driving skills – after a mild stroke or in the early stages of dementia – consider participating in Cleveland Clinic's Driving Evaluation and Rehabilitation Program. For more information about the program, please call 216.445.8000 or toll-free 800.223.2273, ext 5800.

Advance Directives

If you experience an accident or injury that leaves you in an unconscious state, you will not be able to make your health care wishes known to your family or health care provider. To prevent such a situation, consider having the following in order:

- Durable Power of Attorney for Health Care: This legal document names a principal and two alternative persons who may “speak” for you if you are unable to make medical/surgical/health care decisions. Make sure that you add a copy of this document to your medical records.
- Living Will: This legal document expresses your wishes about medical treatment and care should you become permanently unconscious or no longer able to indicate your wishes.
- Do Not Resuscitate (DNR) Order: This medical directive advises your physician and health care team that no cardiopulmonary resuscitation is to be done if your heart or lungs stop working.

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For more information, or to make an appointment with the Geriatric Medicine team, please call 216.444.5665 or toll-free 800.223.2273, ext. 4-5665.

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