

Healthy Living for the Older Man

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 problems, provide treatment options and, in many cases, measure treatment success.

Cancer Screening

- **Prostate:** Thirty percent of men over age 70 have prostate cancer. This is a slow-growing, usually benign cancer. It can cause significant problems, however, such as urinary obstruction or bleeding, or bone pain.
Screening for prostate cancer has never been shown to reduce mortality; still, the American Cancer Society recommends an annual digital rectal exam and a prostate-specific antigen (PSA) test beginning at age 50. Both should be done earlier if you have a family history of prostate cancer.
You may want to discuss continuation of screening after age 70 with your physician.
- **Colon:** If you are at low risk for colon cancer, you should have a stool exam (Hemoccult) every year and an inspection (sigmoidoscopy) of the lower colon every five years. If you are at high risk, you should 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 and colonoscopy after 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, you should get vaccinated against bacterial pneumonia. You should 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:** You should 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 8 or less (as measured by a Hemoglobin A1c test). If you have coronary artery (heart) disease, lower your blood cholesterol level with diet and medications to achieve an LDL “bad” cholesterol reading of less than 100.
- **Benign Prostatic Hypertrophy (BHP):** Although this is not a life-threatening condition, it can have adverse effects on the urinary tract – causing frequent urination, hesitant urination, urinary tract infections, and retention of urine. Do not self-medicate: Many over-the-counter products – including antihistamines, sleeping pills, decongestants, cough medications and narcotics – can worsen symptoms. Instead, report symptoms to your physician, who often will prescribe medications, such as tamsulosin, terazosin, doxazosin or finasteride, for symptom relief.
- **Dementia:** Symptoms of dementia may be prevented by treating high blood pressure and preventing strokes, and by 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.
- **Osteoporosis:** Thirty percent of hip fractures occur in men. Risks factors for bone loss and osteoporotic fractures include excessive alcohol intake, smoking and steroid use. If you have one or more risk factors, or are over age 70, discuss prevention and/or treatment options with your doctor. These options may include prescription medications and weight-bearing exercise programs.
- **Osteoarthritis:** While there is no way to prevent osteoarthritis, the condition can be effectively managed and pain can be 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 symptoms with a physician and get treatment.
- **Nutrition supplementation:** Eating right is the 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 missing from your diet. However, if you are at risk for osteoporosis, you 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 all prescriptions, over-the-counter medications and herbal products you take on a 3-by-5 index card and carrying it with you in your wallet.

Injury Prevention

- **Falls:** Complications from falls are the primary cause of death from injury for men 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 car accidents are the primary cause of death from injury for men 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 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 avoid that 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. 45665.

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