

LINE ON LIFE

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Disease-Free Aging *

David A. Gershaw, Ph.D.

Many people are afraid of aging, because they see it as leading to infirmities, memory loss and mental confusion – in other words, **senility**. Medically speaking, senile only means "*related to old age*." Many people fear that – with aging – mental deterioration is inescapable. However, unless you get a specific disease that effects your mental functioning, your memory and cognitive abilities will remain essentially intact.

Dementia is a term that indicates that there is a decline in mental abilities caused by some organic disease. When this disease process occurs in the elderly, it is called **senile dementia**. This disorder is characterized by the following symptoms –

1. inability to learn new information or remember past personal information,
2. impaired abstract reasoning (like being unable to understand what a specific proverb means),
3. impaired judgment (like making unreasonable plans to deal with various problems),
4. problems with other abilities (like language or visual-spatial skills),
5. personality changes (like going from just being careful to being fearful and compulsive).

To qualify as a mental disorder, these changes must be severe enough to interfere with social and occupational functioning over a period of six months.

To reduce our fear of aging, it helps to know that only 15% of people over 65 suffer from senile dementia. It might help even more to compare the changes caused by senile dementia with those caused of disease-free aging. As an example, let's deal with cognitive changes, specifically those related to memory.

Alzheimer's disease is the most common cause of senile dementia, accounting for 50-70% of all cases of memory problems. Neither the cause nor the cure for Alzheimer's disease has yet been found. Like many causes of dementia, Alzheimer's disease is progressive. The symptoms steadily worsen, until the person is incapable of performing even the simplest of tasks.

In contrast, the symptoms of disease-free aging are neither severe nor progressive, and they do not extend to all areas of functioning. We all have occasional memory lapses, and these occur a little more frequently in healthy, elderly people. However, they do not interfere with everyday functioning, and they do not worsen over time to lead to greater problems in thinking and memory.

Some scientific experiments tend to overestimate age differences in memory. To find if there is a decline in everyday memories with age, everyday tasks need to be used as a measure.

In their 1990 study, psychologists Norris and West analyzed the memories of people for everyday tasks they were asked to perform. Each person was asked to perform a list of discrete tasks like "*lift the cup*" and "*stretch the rubber band*." Such activities provided auditory, motor, visual and tactile cues similar to those found in everyday tasks. When asked later, healthy older adults recalled these tasks as well as young adults. In contrast, the recall of Alzheimer's patients was poor.

The results of Norris and West support two conclusions. First, it is important to simulate everyday tasks when comparing age-related factors in memory. Second, there is a big difference between the effects of senile dementia and disease-free aging. The odds of getting Alzheimer's disease are relatively low, and scientists are searching for ways to make them even lower. However, researchers already know ways to reduce your risk of getting other types of disorders that cause senile dementia.

The acronym, "**SEE**" represents three major areas that can reduce the risk of dementia-causing disorders and maintain or improve your physical health – **S**moking, **E**ating and **E**xercise. With smoking, the main recommendation is "*Don't*." If you don't smoke, don't start. If you do smoke, stop. If you can't stop smoking, try to cut down.



"*Cutting down*" is advocated for eating. Mainly, it means that we have to reduce our intake of salt, fat and calories. In contrast, the main recommendation for exercise is "*Do it*." Although some people can do aerobics, swimming, bicycling or workouts in a gym, even a brisk half-hour walk several times a week will help. Pick activities that you enjoy and do them with someone you like whom also enjoys those activities. If you find it impossible to do all three, making a positive change in any one of these areas will be helpful. In my case, I manage two out of the three. I don't smoke and I exercise regularly. However, my diet still leaves much to be desired. I still have a problem with ice cream and other sweets.

Lastly – to make your life worthwhile at any age – keep yourself active and involved. Have goals for your future and make plans to reach these goals. Rather than isolating yourself, interact with others who improve your quality of life.

Aging – if it is disease free – does not need to be dreaded. For most of us, the best is yet to come.

* Adapted from Stephen Worchel and Wayne Shebilske's *Psychology: Principles and Applications*, Prentice Hall Publishers, 1992, Pages 369 and 373.