

**HEALTH
IN
OLD AGE**

**A
GUIDE TO GOOD HEALTH
FOR
SENIOR CITIZENS AND THEIR CARERS**

**WORLD HEALTH ORGANIZATION
MINISTRY OF HEALTH AND FAMILY WELFARE
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Health and fitness

You need to keep fit and healthy so as to remain independent and mobile. It is never too late to change your lifestyle and diet or to take up some form of exercise to improve your strength and stamina.

Physical activity

Regular, safe and enjoyable physical activity is essential to maintain a healthy life at all ages. There are many benefits of physical activity, such as efficient functioning of heart and lungs, strengthening of bones and increased muscle strength. You will also feel better. This does not mean we have to try and become Olympic athletes. It is just a question of increasing what we do already.

Being active and doing exercise can also be enjoyable. Age is no barrier to taking up a new sport or physical activity. If you are not doing any exercise at present, it is good to start gently and then build up so that your body will gradually get used to being more active and you are far less likely to strain any muscles. If you are taking any medicine, you must discuss with your doctor before taking up a vigorous exercise. There are so many different ways to keep fit. You should find one you enjoy. Walking is the best form of exercise and brisk walking to the extent of getting tired is what you need to do. If you have mobility problems at the moment, ask your doctor or physiotherapist for an exercise programme which will meet your needs.

Weight reduction

Extra weight can be a health hazard. It makes it difficult to undertake exercise, may make arthritis worse, and can increase the risk of heart and chest troubles, diabetes, backache and varicose veins, all of which affect your mobility. If your mobility is restricted because of your weight, then it is time to seek help from your doctor.

If you need to lose weight, the emphasis should be on cutting back on certain foods such as very sugary or fatty foods. It is very important to have a varied diet so that you get all the nutrients you need for good health. Remember it's not healthy to be underweight either!

Smoking

It is never too late to give up smoking. No matter what your age is, it is the single most effective action you can take to improve your health. Your breathing will become easier, the function of your heart will improve, and you will reduce the risk of developing diseases which can restrict your mobility.

Healthy eating

Healthy eating is important no matter what your age is. If you eat well, you are likely to feel healthier, stay active for longer and protect yourself against illness. Eating regular meals and snacks is a good habit. If you get used to missing meals, or eating unhealthily, you may start to feel tired and depressed.

You should always eat: breakfast, lunch (mid-day meal), tea and evening meal. To keep well, good regular eating patterns are essential. This means three meals and a snack meal daily. Instead of missing meals, you could include some of the simple snacks and meals.

Good-food guide

Now is the time to look at what you eat and perhaps make some changes for the better. Here is a guide to the foods you should try to eat each day.

- ◆ Milk and other dairy foods: Choose three servings of milk or milk products per day. These foods contain calcium which keeps bones strong.
- ◆ Meat, poultry, fish, cheese, eggs, beans, lentils, pulses and nuts: These foods are good sources of protein. Eat a portion of any at two of your meals each day.
- ◆ Fruit: Try to eat at least one piece of fresh fruit everyday.
- ◆ Vegetables: These are the main source of fibre and give your food variety. Aim to have at least three servings of vegetables everyday.
- ◆ Breads, cereals: Try to have a serving of bread, cereals, rice or chapattis with each meal. These foods, together with liquids, can help prevent constipation. They will also provide you with energy, vitamins and minerals.
- ◆ Butter and cooking fats: Butter and cooking fats provide us with energy and can make food taste better, but use them sparingly if you are watching your weight as they are high in calories. Use a small amount of vegetable oil such as sunflower.

- ◆ Biscuits and sweets: These foods are enjoyable, but they can lead to weight gain. They are also expensive.
- ◆ Drinks: At least six to eight tumblers of tea, coffee, fruit juice, milk and water should be taken daily.
- ◆ Vegetarianism is as good a way of life as non-vegetarianism is.
- ◆ If you are losing weight without trying, you must see your doctor.
- ◆ Food may not taste as appetising as you grow older.
- ◆ Eating in company can increase your enjoyment of food.

Four food rules:

- *Eat something of everything and not too much of any one thing.*
- *There is no one food you must have. If you dislike something choose something else which will be equally nourishing.*
- *Some foods are better for you than others. Try to avoid foods which give you very little value (nourishment) for your money.*
- *Try to drink six to eight tumblers of liquid per day even if you don't feel thirsty.*

If you follow the four food rules and the good-food guide outlined above, vegetarianism is probably as good a way of life as non-vegetarianism. If your appetite is poor and you are gradually losing weight without trying, you should see your doctor. Missing an occasional meal does not usually cause harm as long as you take a lot of liquids. Food may not taste as appetising as you grow older. Eating in company can increase your enjoyment of food.

Healthy bones

Bones are living tissues changing constantly with the formation of new bones and loss of old bones throughout our lives. To remain mobile and independent we need to keep our bones healthy by protecting them from disease. Bones continue to grow in strength until the age of about 35 years, when old bones start to be lost at a faster rate than new bones can be formed to replace them. In some men, and more frequently women, this bone-loss is very severe. Their bones become weak, fragile and liable to break easily. This condition is known as osteoporosis. We now know how to protect the skeleton from this disease and maintain strong bones.

Avoiding fractures

One in four women and one in eight men over 60 years of age suffers a fracture due to osteoporosis. Bones at the highest risk of fracture are the hip, spine and wrist. Women are at a much higher risk because during and after the menopause they experience rapid bone-loss following reduction in female hormone oestrogen. Bone-loss at this stage can be prevented by hormone replacement therapy. Apart from causing pain, fractures can make independent living difficult and may cause long-term problems with mobility. We are not certain about the exact number of Indians having osteoporosis. In view of the general poor nutritional status and faulty lifestyles it is expected that the number may be very high. There are some simple measures one can take to prevent fractures whatever the age.

As you grow older, you are more likely to have a fall; so it is important to take a look at your home to make it as safe as possible. Some simple, practical steps you could take are the following:

- Be careful about anything that might make you trip or slip.
- Keep objects of everyday use at a reasonable height to avoid reaching or bending.
- Ensure well-lit corridors and staircases.
- Regular vision tests will ensure that your sight is adequate.

Diet rich with calcium and vitamin D

Adequate intake of calcium and vitamin D is essential to maintain bone health, particularly as you grow older. The rich sources of calcium and vitamin D are: milk and milk products, beans, spinach, nuts and dried fruits. To ensure an assured supply of vitamin D and calcium, older people can consume calcium tablets available in the market: 500 mg for men and 1000 mg for women.

Healthy lifestyle

- Exercise strengthens muscles around the bones. Regular brisk-walking will help keep your bones healthy. It also improves your balance and co-ordination and prevents falls.
- Alcohol and tobacco are harmful to bones and must be avoided.
- Excess intake of tea and coffee and cola drinks are also bad for bones, hence should be avoided.

If you have suffered a fracture or have developed backache, loss of height or a stoop, you may have fragile bones or osteoporosis. Osteoporosis is treatable. It is better to talk to your doctor to be assessed for the condition and advice on suitable treatment which are available today.

Good sleep

- ❑ Few things in life are as desirable as a good night's sleep. However, many older people find night-time as the worst part of the day.
- ❑ The sleep pattern changes as we grow old. The duration of sleep is shortened and the quality of sleep also becomes poorer. In addition, sleep may also be disturbed as a result of mental or physical illness.
- ❑ The normal sleep cycle consists of two patterns: dreaming sleep and quiet sleep. Everyone has about four to five cycles each of these two patterns of sleep every night. For older persons, the amount of time spent in the deepest stages of sleep decreases. This may explain why older people are thought of as light sleepers.
- ❑ Although the amount of sleep each person needs varies widely, on an average seven to eight hours of sleep is required every night. However, with increasing age the amount of sleep that can normally be achieved declines.
- ❑ At any age insomnia is the most common sleep complaint. Insomnia includes taking a long time (more than 30 to 45 minutes) to fall asleep or waking up many times during the night, or waking up early and being unable to get back to sleep. With rare exception, insomnia is a symptom of a problem, not the problem itself.
- ❑ Getting a good night's sleep can make a big difference in the quality of life. The following are a few suggestions in this regard:
 - Follow a regular schedule of going to sleep and getting up at the same time each day.
 - Moderate physical activity 2 to 4 hours before bedtime may improve your sleep.
 - To adjust your internal sleep clock, get some exposure to natural light in the morning and afternoon each day.
 - Avoid drinking tea or coffee late in the evening and if you like a drink before bed, a glass of warm milk may help. Alcohol and smoking can make it harder to stay asleep.

- A lamp that's easy to turn on and a telephone by your bedside may be helpful.
- The sleeping room should be dark, well-ventilated and quiet.
- Develop a bedtime routine. Do the same things each night to tell your body that it's time to sleep like watching TV, reading a book or soaking the feet in warm water.
- Try not to worry about your sleep. Some people find that playing mental games is helpful.

Taking care of your oral cavity

- ❑ Healthy oral cavity is a sign of good health and good personality. However, we generally do not take enough care of our oral health and suffer toothless life permanently.
- ❑ Tooth decay due to germs continues throughout life as long as natural teeth are in the mouth. Just as with children, fluoride is equally important for adult teeth. In addition to drinking fluoridated water, the use of fluoride tooth pastes and mouth rinses can also add to protection.
- ❑ Gum disease or periodontitis, one of the commonest causes of tooth loss in advancing years, is usually due to the build-up of plaque. To prevent gum disease it is important to remove plaque thoroughly by brushing your teeth each day. Also, by carefully checking your teeth and gums, you may find early signs such as red, swollen or bleeding gums.
- ❑ An important part of good oral health care is knowing how to brush properly. Careful daily brushing removes plaque which routinely forms on the teeth. Gently brush the teeth on all sides with a soft-bristle brush and fluoride toothpaste. Use circular and short back-and-forth strokes, taking special care to brush carefully along the gum line. Lightly brushing your tongue also helps to remove plaque and food debris and makes your mouth feel fresh.
- ❑ Dry mouth which makes you feel thirsty or feel the need to sip liquids frequently is common in many adults. It may cause difficulty in eating, swallowing, tasting and speaking. Dry mouth is usually caused by salivary glands failing to function properly. This is a side-effect of many medications and can accompany certain physical problems. Dry mouth can affect oral health by contributing to tooth decay and gum disease. To relieve the dryness, drink extra water and avoid sugary snacks, drinks containing caffeine, tobacco and alcohol which can increase dryness of the mouth. You need to consult your physician to find out the culprit medication.
- ❑ If you have false teeth (dentures), you should keep them clean and free from food deposits that can cause permanent staining, bad breath, and gum irritation. Once a day, brush all surfaces of the dentures with a denture-care product. Remove your dentures from your mouth

and place them in water or a denture-cleansing liquid while you sleep. It is also helpful to rinse your mouth with a warm salt-water solution in the morning, after meals, and at bedtime.

- ❑ Partial dentures should be cared for in the same way as full dentures. Because bacteria tend to collect under the clasps of partial dentures, it is especially important that this area be cleaned thoroughly.
- ❑ Dentures need to be replaced or readjusted to the changes in the tissues of the mouth that may have occurred over time. Do not try to repair dentures at home as this can damage the dentures and injure the tissues of the mouth.

Dental implants are designed to look like teeth and are surgically inserted through the gum surface to rest on or within the bone of the jaw. Implants are useful only for patients with enough bone structure. As it requires a certain degree of expertise you should contact an experienced dental specialist with whom you can discuss your concerns to be sure that the procedure is right for you.

Immunization

Older people need immunization to be protected against serious infectious diseases as children do. Vaccines against influenza, pneumococcal pneumonia and tetanus are specially indicated in older people.

Influenza

- ❑ Influenza or 'flu' is a highly contagious disease, caused by the influenza virus which produces fever, aches and pains, sore throat, running nose and chills. Older people often tend to develop serious complications such as pneumonia, dehydration and weight loss after flu.
- ❑ Flu tends to be caused by a different variety of the virus each year. So, each year, the vaccine has to be injected, preferably before the onset of winter. The side-effects from the flu vaccine are mild fever, pains and aches for a few days.
- ❑ As the influenza vaccine is costly, older individuals with a high risk of the infection or its complications need to be vaccinated. They include people with heart disease, liver disease, kidney disease, diabetes and chronic bronchitis.

Pneumococcal pneumonia

- ❑ Pneumonia is often caused by a germ called pneumococcus. Older people are 2 to 3 times more likely to suffer from pneumococcal pneumonia than younger people. Pneumonia can be much more severe in older adults causing several complications. A single injection of the vaccine gives about 90% protection, The side-effects and indications of this vaccine are similar to those of the influenza vaccine

Tetanus

Children get tetanus vaccine as part of the universal immunization programme. This vaccine needs to be repeated every 10 years for continuous protection. In older people injury and accident is very common and they may not have received the vaccine in childhood. This vaccine has nearly no side-effects and needs to be injected every 10 years.

Better sight in old age

As we age, our sight deteriorates steadily and almost everyone over the age of 60 years uses spectacles. There are also certain diseases which affect the vision in old age. With regular sight tests, suitable spectacles, surgery, drugs and special visual aids, most people can maintain a good sight and lead a full and independent life.

Regular sight tests

A sight test is not just a 'spectacles' test but a check-up of the health of one's eyes. If one has developed a new eye disease, it can be detected early. It is therefore very important to get the sight tested regularly. It is recommended that one should have a sight test done at least once every two years and more frequently if one notices any change in one's vision. Sight test is a specialized test and is carried out by ophthalmologists (doctors specializing in eye care) or optometrists (ophthalmic opticians). If one's sight test reveals any abnormality that needs further treatment and investigation, it is important to consult one's family doctor.

Spectacles and other low-vision aids

It is always advisable to use made-to-order spectacles which suit one's needs best. Now-a-days ready-made reading spectacles are also available. Though it is unlikely that they will harm one's eyes, using ready-made spectacles can result in eye strain and headaches. Remember to keep one's spectacles clean. Never place spectacles with the front of the lens facing down on a surface which may cause scratches. Scratched lenses can cause glare and reduce clear vision.

Magnifiers make things look bigger so that one can perform tasks one otherwise finds difficult because one's eyesight has deteriorated.

Adequate lighting

The amount of light the eyes need at 60 years of age is about three times more than that required at 20 years. Natural daylight must be allowed to enter one's home unhindered. One should also ensure that one has adequate electric lighting, particularly at the top and bottom of stairs. For reading or close work, make sure that one has direct light coming from behind on to

one's book or work. Fluorescent lamps are particularly efficient as they produce a lot of light but very little heat.

Reasons for sight deteriorating further

Some eye conditions cause the vision to deteriorate further in older people so that they have difficulty seeing even with spectacles. These are:

Cataract

This is a condition where one's lens, which is normally transparent, becomes opaque. It produces gradual, painless deterioration of eyesight. Initially one may overcome the problem with glasses but eventually everyone would require surgery. Cataract surgery involves removal of the opaque lens. Vision can be restored by the implantation of a plastic intra-ocular (inside the eye) lens in its place or providing spectacles.

Diabetic retinopathy

Diabetics are prone to develop changes in the retina that can impair eyesight. The changes are usually irreversible. Now-a-days further deterioration of vision can be prevented by laser treatment if the condition is detected early. Apart from ensuring a strict control of blood sugar it is essential that every diabetic must have a detailed eye examination by a qualified ophthalmologist every year.

Glaucoma

Glaucoma is another cause of irreversible loss of vision in which the pressure inside the eye increases. Early detection and timely intervention is important. All individuals who have a family history of glaucoma and are above the age of 40 years should be screened for glaucoma at regular intervals.

Age-related macular degeneration

Macula is the centre of vision on the retina. Age-related degeneration of the macula produces progressive loss of vision which can sometimes be rapid and severe. In certain cases laser therapy is required and is of some help. In others, spectacles, low-vision aids, a healthy diet

of fresh fruit and vegetables, avoidance of direct exposure to sunlight and supplementation of vitamins and minerals are helpful.

Some of these diseases respond to treatment. Even if the treatment is ineffective or unavailable, much can be done to help people use their remaining sight. Only a small proportion of people cannot see at all; even people who are registered blind often retain some vision. People with impaired vision can often learn how to get around safely, both indoors and outdoors, so that they can continue to shop, cook and run their homes as well as participate in leisure and social activities. If one's sight has deteriorated, it is important that one maximizes the amount of light in one's home and one may find low-vision aids particularly helpful.

Good hearing

Hearing tends to deteriorate naturally as we grow old. It may not be noticeable until about 60 years of age or so. Nearly 60% of people over the age of 60 years have hearing deficit due to the ageing process. Here is a checklist to help you assess your hearing.

- Does your family complain that the TV/ radio sound is too loud?
- Do you sometimes wish people would speak clearly and stop mumbling?
- Do you ever miss your name being called?
- Do you sometimes misunderstand what people say to you?
- Do you find yourself asking people to repeat things?
- Do you find it difficult to hear at social gatherings, in places of worship, or when there is some background noise?
- Do you ever have difficulty hearing the doorbell or telephone?
- Do you have to turn up the volume of television or radio more than you used to do?

If you answer 'YES' to any of the above questions, you need to consult your doctor and explain your concern about your hearing. There could be many different reasons why you are not hearing as well as you used to, so your doctor will need to examine your ears and ask you a few questions to find out what the problem is. For example, you may have a lot of wax in your ears which can be removed, or you may have an infection which can be treated. However, if your doctor can find no obvious cause for your hearing loss, he or she will refer you to an ear, nose and throat (ENT) specialist. If your hearing loss is simply due to your age, the specialist will explain that there is no 'cure', and will probably offer you a hearing aid. Do try one. It is likely to be very helpful.

Hearing aid

A hearing aid is designed to amplify sounds and make them louder. The amount of amplification you need depends on the type and degree of your hearing loss. Hearing aids will

amplify all sounds, but are particularly designed to cope with the sounds that make up speech. Sounds are made up of different pitches or 'frequencies'. A hearing aid amplifies these different pitches by different amounts because when you have a hearing loss, you usually hear some frequencies better than others. Older people usually find the high frequencies more difficult to hear. You may often be able to hear the sound of speech but not the actual words.

There is a wide range of hearing aids to cater for all needs. Hearing aids are available commercially. There are a number of different types of hearing aids to choose from, although not all will necessarily be suitable for you. Some people find 'in-the-ear hearing aid' more discreet and appealing as it fits right into the ear. This type of aid is not usually suitable if you have a severe hearing loss. 'Body-worn aid' comes in the form of a small unit worn on the chest, with a lead connecting the unit to an earphone and ear-mould. It is more cumbersome than other types of aids. But because of its size, it is easier to operate and can provide higher levels of amplification.

A hearing aid will not restore your hearing to normal, or 'cure' your deafness. It is simply an 'aid to hearing'. When you use a hearing aid for the first time, everyday sounds may seem quite loud. It could take several months to get used to hearing sounds in a new way. If you have any problems during this initial period, you should always return to the person who supplied it for further advice.

You will probably find that your hearing aid is more helpful in some circumstances than others. You will need to experiment. Remember that hearing aids are most useful in quiet surroundings when you are talking to only one or two persons at a time. Background noise, such as music or other people talking, will tend to interfere with what you are trying to hear. Despite this, your hearing aid can still be helpful in busy, noisy places.

Managing medicines

Drugs and medicines are a part of life. In youth their requirement is infrequent. However, in advancing years the need for medicines, often more than one, increases. There are several reasons why people in later life should take extra care with medicines. The doses of medicines we may need are likely to be smaller as our liver and kidneys become less efficient at removing medicines, so that they stay active in the body for longer periods. These are normal phenomena and you should take extra care not to exceed the recommended dose of medicine. Some guidance in managing medicines are provided in this chapter.

Names of medicines

Most medicines have two names. Brand name or trade name is the name given to a medicine by its manufacturer whereas the approved name or the pharmacological name is the name of its ingredients. It does not matter what particular brand of medicine is used; however, it is better to keep the brand unchanged. Whenever you buy a new medicine always check its approved name so that you avoid ingredients that you may already be taking. While buying over-the-counter (OTC) medicine, it is also advisable to ask the pharmacist if it suits your prescription medicine.

Reducing side-effects

There is no medicine which is free of side-effects, while side-effects are not necessarily bound to happen. Taking some precautions can reduce the likelihood of a drug side-effect.

- If you do experience symptoms that you think might be due to medicines, it is always better to get in touch with your doctor.
- Stomach upsets can be reduced if medicines are taken with food unless specifically indicated otherwise. It may be worth tolerating a little stomach discomfort such as slight nausea or having loose motions to make sure that an antibiotic is as effective as possible.
- Certain side-effects can be avoided by slight adjustment of dose and route of administration.

Safe-keeping

Never share your medicines. Always keep medicines from out of reach of children even if children are not regularly in the house. Medicines need to be stored in a cool and dry place for longer life.

Use before expiry

Like foods, all medicines have a limited shelf-life. So it is best to obtain small quantities and to make sure that medicines are not in use after their “use by” (expiry) date. Creams and ointments usually have the date marked at the end of the tube. If you can’t find a date on the medicine container, then, as a rule of thumb, do not keep tablets or capsules for longer than a year. Liquids should only be kept for six months.

You can avoid using “out of date” medicines by destroying them when they are no longer needed. Do not hold on to them for a “rainy day”.

Remembering medicines

Remembering to take medicines is sometimes difficult. Organize the medicine times so that they suit you best. Meal times are often a good time to take medicines because you are likely to have a drink ready at hand. If the instructions on the label tell you to take the medicine on an empty stomach, then you should try to take the medicine at least one hour before a meal. This mainly applies to antibiotics.

Drops, creams and inhalers

Eye, ear and nose drops should be treated the same way as tablets and capsules as these can also give rise to side-effects. **Never share** your drops with anyone else. Once an eye drop container is opened, it should be used for no longer than a month. Try not to actually touch the eye when putting in your drops. Creams and ointments are also medicines and should also be handled with care. Always wash your hands before and after using a cream or ointment.

Inhalers are a modern system of delivering the medicine as a fine mist into the lungs to help breathing. However, co-ordinating the pressing of the puffer and breathing in at the right

time is often not easy. Many people never manage to get the correct dose of medicine. Alternatively, you could use a spacer with the inhaler which is much easier to operate. If you have problems with your inhaler, check with your doctor that you are using it correctly.

Repeat prescriptions

If you are taking medicines regularly, you may repeat prescriptions without seeing the doctor. However, it is necessary to make sure that you still see your doctor at regular intervals. You may no longer need a medicine or the dose may need adjusting. Regular checks are essential in order to reduce the risk of side-effects and to make sure that you are not taking medicines unnecessarily. If you think that you may have experienced side-effects you should mention this to your doctor even if it seems trivial. It is easy to forget to ask the doctor about things like this, so it may help to write down the questions you want to ask before you go to act as a reminder during the consultation.

Summary of dos and don'ts

- *Take medicines with food or just after (unless told otherwise).*
- *Check the ingredients to avoid duplication.*
- *Do stick to the same brands of medicine in repeat prescriptions.*
- *Do see your doctor regularly to avoid unnecessary medicines.*
- *Ensure understanding of the directions for drug use.*
- *Never take more than the dose stated on the label of medicine container.*
- *Never share your medicines with anyone else.*
- *Never hoard medicines you no longer need.*

Foot care

- ❑ Foot problems are common in old age which usually result from long years of wear and tear, ill-fitting shoes, poor circulation to the feet, untrimmed toenails and sometimes diseases.
- ❑ You can help prevent foot problems by checking your feet regularly or having them checked by a member of the family and a foot hygiene specialist.
- ❑ Exposure to cold temperatures, pressure on the feet from shoes, long periods of sitting or resting, and smoking can reduce blood flow to the feet. On the other hand, elevating the feet, standing up and stretching, walking and other forms of exercise promote good circulation. Gentle massage and warm foot baths can also help increase blood flow to the feet.
- ❑ Wearing comfortable, well-fitting shoes can prevent many foot ailments. The upper part of the shoes should be made of a soft, flexible material to allow the shoe to conform to the shape of the foot. Shoes made of leather allow the feet to “breathe” and can reduce the possibility of skin irritations. Soles should provide solid footing and not be slippery. Thick soles lessen pressure on the feet when walking on hard surfaces. Wearing of high heels should be avoided.
- ❑ Fungal conditions occur because the feet are usually enclosed in a dark, damp, warm environment. Such infections can cause redness, blisters, peeling and itching. If not treated promptly, an infection may become chronic and very difficult to cure. To prevent infection keep the feet, especially the area between the toes, clean and dry and expose the feet to sun and air whenever possible. If you are prone to fungal infection on your feet, you should dust your feet daily with a fungicidal powder.
- ❑ Dry skin sometimes results in itching and burning of feet. Dryness can be helped by applying a lotion to the legs and feet everyday and by using mild soaps.
- ❑ Corns and calluses are caused by friction and pressure from bony areas rubbing against shoes and can be painful. Curative treatment for corns is surgery. Treating corns or calluses

yourself can be harmful, especially if you have diabetes or poor circulation. It is thus better to consult you doctor for right advice.

- ❑ Warts are skin growths caused by viruses. They are occasionally painful and may spread if left untreated. Surgery or burning it off with chemicals is usually helpful.
- ❑ Ingrown toenails of big toes occur when a piece of the nail pierces the skin and is caused by improper trimming. It can be removed by cutting into the skin and taking measures for healing of the area without any infection. Ingrown toenails can be avoided by cutting the toenail straight across and level with the top of the toe.
- ❑ Spurs are bony growths developing on the bones of the foot as a result of prolonged standing, having improperly fitting shoes, or being overweight. Treatments for spurs include proper foot support, heel pads, heel cups, drug injections, and occasionally surgery.
- ❑ Diabetics are particularly prone to sores and infections on their feet. They should be especially careful to avoid extremely hot or cold bath water, to keep their feet clean and dry, to inspect it regularly for any injury or infection and to avoid stepping on sharp objects or surfaces.

Falls and Accidents

- ❑ Falls and accidents do not “just happen”. Most of the times the situation for an accident waits to happen and thus can be prevented.
- ❑ Falls have disastrous consequences in old age. They cause injury, fracture and limit one’s ability to lead an active, independent life. Thousands of older men and women are disabled, often permanently, due to falls that lead to fractures. Even the fear of fall can be equally disabling psychologically.
- ❑ However, it is possible to prevent falls and injuries by undertaking simple changes in the surrounding environment and following safe practices.

Causes of fall in old age

- ❑ Changes in vision, hearing, muscle strength, co-ordination and reflexes make older people vulnerable to falls. In addition, diseases of the heart, brain, bones and joints, thyroid and diabetes may affect the balance and gait. Multiple drugs for these illnesses can also result in dizziness, blackouts and falls.
- ❑ Most falls occur in bedroom and bathroom due to lack of proper lighting, slippery floors, books and papers on the floor and minor obstacles in the environment.

Prevention of falls and accidents

- ❑ There are several simple steps which can reduce the likelihood of falls and accidents and make our home and environment safe.
- ❑ Have your vision and hearing tested regularly and corrected as far as possible if defective. A simple intervention like removal of ear wax can improve your gait and balance. Correct spectacles have similar values.
- ❑ Discuss with your doctor regarding the side-effects of the medicines you are taking and whether they affect your co-ordination or balance. Ask him to suggest ways to reduce the possibilities of falling.

- ❑ Alcohol can affect the balance and reflexes; therefore limit alcohol intake especially before driving.
- ❑ Be careful while getting up too quickly after eating, waking up from sleep, lying down, or resting for long periods. The blood pressure may decline rapidly and cause dizziness and fall.
- ❑ Use a cane, walking stick, or walker to help maintain balance on uneven or unfamiliar ground or if you sometimes feel dizzy. Use special caution in walking outdoors on wet pavement.
- ❑ Wear supportive, rubber-soled, low-heeled shoes. Avoid wearing smooth-soled shoes or slippers on stairs or slippery floors.
- ❑ Maintain a regular programme of exercise. Regular physical activity improves strength and muscle tone, which will help in moving about more easily by keeping the joints, tendons and ligaments more flexible. Mild weight-bearing activities may even reduce the loss of bone due to osteoporosis.
- ❑ The home should be made safe by ensuring
 - good lighting in staircases, corridors and bathrooms;
 - easily reached light switches, telephones and objects of everyday use;
 - handrails and grab bars in staircase and bathroom;
 - properly designed floor in bathroom to prevent accumulation of water and slippery floor;
 - electrical cords and telephone wires placed out of walking paths;
 - furniture and other objects so arranged that they are not in the way;
 - beds and chairs at proper height to get into and out of easily; and
 - outdoor steps and walkways in good repair.
- ❑ Burns are common in older people and very disabling in the aged whose recovery is extremely slow. Risk of burns can be reduced by some simple measures.
 - Never smoke in bed or when drowsy.
 - When cooking, do not wear loosely fitting flammable clothing.

- Check the temperature of hot water before using it.
- Motor vehicle accidents are among the common causes of accidental death in older persons.
- Those who drive motor vehicles must be aware that the ability to drive may be impaired by age-related changes, such as increased sensitivity to glare, poorer adaptation to darkness, diminished co-ordination and slower reaction time. These impairments can be compensated by driving at slow speed, driving less often, and driving less at night and during rush hours.
- While using public transportation:
 - Remain alert and brace yourself when a bus is slowing down or turning.
 - Watch for slippery pavement and other hazards when entering or leaving a vehicle.
 - Have the fare ready to prevent losing your balance while fumbling for change.
 - Do not carry too many packages, and leave one hand free to grasp the railings.
 - Cross the street slowly and carefully, preferably at an authorized crossing.
 - Allow extra time to cross streets, especially in bad weather.
 - At night wear light-coloured clothing and carry a flashlight.

Living alone

Living alone in old age is a reality. Some people outlive their spouses, and children may migrate for economic reasons. Many people are happy living alone but some become lonely and isolated. Living alone can be risky in illness. If you live alone, or you know someone who does, here are some points that you should consider:

- Are you happy living alone? You may want to consider other options, including moving to sheltered housing or moving into an old-age home.
- If you do want to stay where you are, certain changes can make your life easier and safer as you grow older.
- You should have a telephone. If you do not have it, consider installing one.
- Your home should have adequate basic security such as door and window locks and a door chain.
- Falls in the home are a common cause of injury among older people. Requirements for safe homes have been described elsewhere in this book.
- Keep a stock of basic foods so that in an emergency you have enough supplies to last for three or four days.
- Pin details of your doctor and close relatives (address and telephone number) in an obvious place so that people know whom to contact in an emergency.
- In an emergency, the best people who help (and who may need your help) are those living nearby, so try to get to know some neighbours. If you arrange a daily telephone call or a quick visit to or from someone nearby, they will know when something is amiss. Be sure to let them know if you plan to be away.

Worry and anxiety

- Worries, anxieties and fears are emotions which usually appear after a triggering event. They influence our thoughts and actions for hours or even days till the event is forgotten. These emotions result from information, memories and expectations which may be faulty and inappropriate. We can regain control over our emotions and situations without the loss of natural reactions. Here are some tips to get over your worries and anxieties:
 - Confront anxiety by identifying what is causing it.
 - Worry and anxiety result from harsh and unrealistic self-criticism. Think of a rational and objective answer to the problem that is worrying you.
 - Translate your worries and fears into clear words.
 - Divide your worries into two categories: those that can be influenced and those that cannot be influenced.
 - Concentrate on those problems which you can influence and let the others go.
 - When you feel yourself getting worried or anxious try to relax yourself by
 - taking several deep and slow breaths; and
 - some easy physical exercises.
- If self-help techniques do not lighten your load of worries, consider seeking professional counselling. A trained professional can help you identify and alleviate your anxiety.
- Medicines are also available to alleviate your anxiety.
- Finally, if you are a believer, pray to God for strength to accept the things that you cannot change, courage to change the things that you can, and the wisdom to know the difference.

Constipation

- ❑ Normal frequency of bowel movement or volume of stool varies widely from person to person. A decrease in the frequency of bowel movements, accompanied by prolonged or difficult passage of stools, or a sense of incomplete evacuation are all expressed constipation.
- ❑ Constipation is a common symptom among older people. Older people are five times more likely to complain about the symptom than younger people, possibly because of an undue concern about their bowel movement.
- ❑ Constipation results from a variety of causes. Of them a structural abnormality in the lower gastrointestinal tract is of highest concern. In advancing years the emphasis is on excluding colorectal cancer.
- ❑ Fortunately, the vast majority of patients who complain of constipation usually have benign causes to explain their symptom, the commonest of which is irritable bowel syndrome or a motility disorder of the large gut. Other important causes include effect of medicines, lack of exercise, lack of enough fibre and fluid in diet and excessive dependence on laxatives.
- ❑ Medicines given for other conditions such as antacids, anti-depressants, antihistamines, diuretics, drugs for Parkinson' disease, drugs for high blood pressure, iron preparations, muscle relaxants and opiates can produce constipation in some people.
- ❑ Diet low in vegetables, fruits and whole grains and rich in egg, meat and milk or milk products is by far the most important modifiable cause of constipation. In addition, not eating enough food or preferring soft food aggravate constipation.
- ❑ Prolonged bed rest or immobility due to an accident or illness and ignoring the natural urge to have a bowel movement can result in constipation.

Treatment

- ❑ For a recently developed symptom, you should consult the doctor for exclusion of a more serious problem. When a structural abnormality has been ruled out, the following measures usually help:

- Eat more fresh fruits and vegetables, and more whole-grain cereals and breads. Cut back on processed foods such as sweets and foods high in fat.
- Drink plenty of liquids (6 to 8 tumblers of fluid) unless you have heart, circulatory, or kidney problems. But drinking large quantities of milk can also cause constipation.
- Increase physical activity.
- Develop a regular bowel habit by spending some time in the toilet at a fixed hour of the day everyday even if there is no urge.
- Avoid taking laxatives if at all possible and limit the intake of antacids.

Urinary incontinence

- ❑ Urinary incontinence or inability to hold urine is a common problem in older individuals, especially women. About a third of all women and 10 per cent all men above 60 years of age have urinary incontinence. The magnitude of incontinence ranges from mild discomfort to severe disability and can lead to complete withdrawal from social life.
- ❑ The incontinent patient and his/her carer are often unaware of the treatment options available and unnecessarily suffer. In fact, in most cases, incontinence can be effectively controlled.
- ❑ Incontinence is not an inevitable result of ageing but results from specific diseases or drugs. Often incontinence can result from an illness accompanied by weakness, confusion, or hospital admission or it may be the only symptom of urinary infection. Chronic incontinence can be of one or more of the following types:
 - *Stress incontinence* or the leakage of urine during exercise, coughing, sneezing, laughing or other body movements which put pressure on the bladder. It occurs in most women in all age groups.
 - *Urge incontinence* or the inability to hold urine long enough to reach a toilet is often associated with stroke, dementia and Parkinson's disease. Some older patients with arthritis may have difficulty in reaching a toilet in time and have incontinence even with normal urine control. It can also occur in otherwise normal elderly persons as well.
 - *Overflow incontinence* or the leakage of small amounts of urine from a constantly filled bladder occurs in the presence of an enlarged prostate and long-standing diabetes.

Diagnosis and management

- ❑ The most important step in the management of incontinence is a detailed clinical evaluation to determine its cause. Most patients will require the advice of an urologist (specialist in diseases of the urinary tract) or a gynaecologist.

- ❑ The treatment of urinary incontinence depends on the diagnosis. Drug treatment with oxybutinin (Tropan) is effective but has side-effects such as dry mouth, glaucoma and urine retention.
- ❑ Surgery can improve or cure incontinence when it is due to a structural problem such as an enlarged prostate.
- ❑ Exercises can strengthen the muscles of the pelvis and control the urinary bladder outlet.
- ❑ Behavioural management techniques of “bladder retraining” are helpful in the control of urination. These methods improve getting the sense of bladder filling and delay voiding until the person can reach a toilet.
- ❑ Sometimes incontinence is treated by inserting a catheter (flexible rubber tube) into the urethra and evacuating the urine at regular intervals or keeping it permanently inside the urinary bladder. However, long-term catheterization is always associated with urinary infections.
- ❑ Specially-designed absorbent under-clothing is also useful for patients who cannot be helped by the above-mentioned measures. However, this has significant cost implications.

High blood pressure: A common but controllable disorder

- High blood pressure (HBP) usually does not cause any symptoms, whereas its complications do. So do not be surprised if your doctor says that you have high blood pressure but you do not feel it.
- When blood flows from the heart through the blood vessels, it generates pressure against the blood vessels walls. Your blood pressure reading is a measure of this pressure.
- Blood pressure readings are given in two numbers, such as 120/80, which is considered as the average BP reading for adults. However, a slightly higher or lower reading (for either number) is not necessarily abnormal.
- Blood pressure readings above 140/90 are considered as high. The medical name for high blood pressure is hypertension. By a conservative estimate between 40 and 50% of all persons aged above 60 years have hypertension.
- Because this disease is so common, everyone should have a BP test done once in six months.
- Although some cases of hypertension are caused by other illnesses, these cases account for a very few of the total number of patients with high blood pressure. This kind of hypertension is referred to as “secondary hypertension” which is cured by treating the original problem.
- A majority of the cases of hypertension has no specific cause for it and hence cannot be cured but can be controlled by continuous treatment.
- There are several risk factors for developing high blood pressure. These include family history, smoking, overweight, alcoholism and high sodium (common salt) intake along with low potassium and calcium intake.
- Hypertension is also frequent in people with tense personality and during periods of tension. Blood pressure is also known to go up in all people during periods of stress or increased physical activity.

- The good news about hypertension is that it can be reduced by drugs and often by changes in lifestyle. The ideal method of treatment depends on the type and severity of a disease as well as other co-existing medical problems.
- Treatment of high blood pressure is nearly life-long though the dose of drugs can be reduced. Some people tend to believe that once BP is brought down to normal levels treatment is no longer needed.
- For mild hypertension, your doctor might recommend that you lose weight, eat less salt, and do more exercise. It may be possible to lower your blood pressure simply by making some of these changes in your daily habits. These changes are still required even when drugs are needed to control your blood pressure. These changes may help your medication work better.

Blood pressure medicines

- There are different types of medicines your doctor may prescribe for you. Do not be disheartened or discouraged if you are advised long-term drug therapy. Sometimes you can take smaller doses after your blood pressure is under control, but you may always need some treatment.
 - There are several types of blood pressure medicines. The common ones are those which eliminate excess salt and water from the body (diuretics) and those which relax and open up the narrowed blood vessels (beta blockers, ACE inhibitors, calcium channel blockers).
 - Like all medicines blood pressure medicines have several side-effects. These include: weakness, tiredness or leg cramps, impotence, cold hands and feet, depression, trouble sleeping, slow or fast heartbeat, skin rash, loss of taste, dry cough, ankle swelling, headache or dizziness and constipation. You should be aware of these symptoms and consult your doctor if they bother you too much.
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Points to Remember about high blood pressure

- Though you may not feel sick, hypertension is a serious health problem and should be treated by a doctor.
- BP can be lowered with medicines and it will rise again if the medicine is not used regularly.
- Try to take your medicine at the same time each day - for example, in the morning after brushing your teeth or in the evening.
- Weight loss, reduced salt and alcohol intake, and exercise may be helpful, but are substitutes for drugs only with doctor's recommendation.
- High blood pressure can lead to many serious diseases including stroke, heart disease, and kidney failure. You can reduce your risk of developing these problems by getting proper treatment. Have your BP checked and if HBP is diagnosed, follow your doctor's advice closely.

Ischaemic heart disease

Heart is a pump that continuously pumps blood into all the organs of the body. The pump itself is made of muscles which also requires continuous flow of blood for proper functioning. Heart disease due to lack of effective circulation of blood to the heart is called ischaemic heart disease (IHD). IHD is one of the commonest diseases as well as causes of death in advancing years.

There are several manifestations of IHD: from silent disease to sudden death. However, the most frequent manifestations of IHD are angina (chest pain associated with physical activity) and acute myocardial infarction (heart attack). Heart attack results from sudden stoppage of blood flow in the arteries that supply blood to the heart (coronary artery). As a result parts of the heart muscles die out or are lost permanently. Angina is a milder and reversible form of heart attack.

Ischaemic heart disease is the result of a process of narrowing of blood vessels (atherosclerosis), a disease in which cholesterol (fat in blood) gets deposited inside the walls. This process of atherosclerosis affects the blood vessels of the brain leading to stroke and the limb vessels leading to gangrene.

There are several risk factors for developing IHD. These are divided into unmodifiable factors (which cannot be altered) such as gender (male sex), age (increasing age), race (blacks, south Asians) and family history and modifiable factors such as smoking, obesity, high cholesterol levels and high blood pressure.

Angina

Angina is a symptom which usually lasts for just a few minutes. You may feel tightness or heaviness in the chest, breathless, pressure, squeezing or burning in the chest, discomfort that may spread to the arms, neck jaw or back and numbness or tingling in shoulders, arms or wrists.

Angina usually appears when you climb stairs, carry a heavy load, feel angry or upset, work in very hot or cold weather, have sex, have emotional stress, do exercise or a combination of any of these. Typically it disappears when you stop these activities or put a tablet of

nitroglycerin (sorbitrate) under your tongue. The diagnosis of angina is always clinical.

However, you require the following tests for confirmation:

- Blood tests (cholesterol)
- Electrocardiogram (ECG)
- Exercise ECG (Treadmill test)
- Stress thallium test to demonstrate reversible ischaemia
- Cardiac catheterization which shows where the artery is blocked.

Your doctor may give you nitroglycerin tablets, a medicine to relieve the discomfort which you put under your tongue. Some people get a headache after taking a nitroglycerine tablet.

When seeking advice be sure to ask your doctor about what to do if you get angina and how to use your nitroglycerin the right way. If you get angina you need to take a second look at your lifestyle and have to take a few corrective steps. There is no point in giving in to ischaemic heart disease. Rather you can fight it out. It is necessary that you:

- Stop smoking.
- Eat healthy meals.
- Control high blood pressure and blood cholesterol level.
- Learn to relax and manage stress.
- Avoid strenuous activities.
- Call your doctor if your angina changes; for example, if you get angina while resting or if it gets worse.

Heart attack

The most frequent symptom of heart attack is chest pain. It is usually similar to angina but much severe in intensity. Some people get heart attack even without getting angina. They usually experience it as the worst kind of chest pain that they have ever felt. There are several atypical forms of manifestations of heart attack which include fainting and severe shortness of

breath. In older people and diabetics, chest pain may be absent. Heart attack is usually diagnosed by doing an ECG.

Now-a-days heart attack is no longer incurable. Drugs have been developed which can open up the narrowed blood vessels of the heart. Furthermore, immediately after the heart attack you can be subjected to definite surgical and non-surgical procedures to correct the defects in your heart vessels.

So, the good news is that the worst is over and soon you can do most of the things you used to do!

It is time to make healthy changes in your lifestyle. Heart disease can get worse unless you take steps to get your heart in good shape.

After a heart attack, it is not unusual to worry a lot. Getting better and feeling good about yourself will take time. It helps to do as your doctor says and to learn about keeping your heart healthy. You may have many active years still left to enjoy.

Most patients say they have bad feelings after a heart attack. These feelings are normal and easy to understand.

- You may have fear of dying, of chest pain; and fear that you can't have sex and that you can't work.
- You may feel angry that it happened to you.
- You may feel depressed thinking that "life is over", you might not be the same again, and others might think you are weak.
- Not only you but people close to you also feel your heart attack.

Going back to work

Most people go back to work within 1 to 3 months. Your doctor may ask you to take tests to find out if you can do the kind of work you did before. Some people change jobs to make it easier on their heart.

Diabetes

- ❑ Diabetes mellitus is a disease in which our body is unable to handle the sugar in food properly and convert it into energy needed for normal activity.
- ❑ When we eat sugars and cereals, the body changes them into glucose. The glucose circulates in the bloodstream for immediate use or is stored in the liver as glycogen for future use. In diabetes, the regulatory mechanism for glucose in the blood is inefficient. As a result glucose goes on accumulating to dangerous levels, causing distressing symptoms as well as destroying vital organs.
- ❑ This build-up occurs either because the body does not have enough insulin (a hormone secreted from the pancreas that regulates the glucose level in the blood) or because the insulin is not fully effective on body tissues.
- ❑ Diabetes tends to run in families, but factors other than heredity are responsible as well. For example, becoming overweight can trigger diabetes in susceptible older people.
- ❑ There are two main types of diabetes. Type I, or insulin-dependent diabetes which is the more severe form of the disease, generally starts during childhood or adolescence. Life-long treatment with insulin is required along with exercise and a controlled diet.
- ❑ However, the commonest form of diabetes and the one which affects the older people is Type II, or non-insulin-dependent diabetes.
- ❑ Recent research has shown that blood glucose levels may rise progressively normally with age.
- ❑ Most people with Type II diabetes do not need insulin injections. They can usually keep their blood glucose levels near-normal by controlling their weight, by exercising, and following a sensible diet or taking anti-diabetes pills.
- ❑ People with diabetes feel “run down” and may have symptoms such as increased thirst, frequent urination, unexplained weight loss, fatigue, blurred vision, skin infections or itching, and slow-healing cuts and bruises. These problems should be reported promptly to a doctor,

who may detect sugar in the urine or too much of it in the blood. Sometimes there may not be any symptom and the disease is only detected during routine testing for unrelated problems, for example, surgery.

- ❑ There are several long-term complications such as stroke, blindness, heart disease, kidney failure, gangrene and nerve damage which can also result from diabetes. Most experts believe that proper blood glucose control will help prevent or lessen these problems.
- ❑ Blood glucose levels that are either very high or very low can lead to serious medical emergencies. Diabetics may lapse into coma when their blood sugar levels get very high or very low. People who have diabetes must know the warning signs of these two conditions and what to do if they occur.
- ❑ Diabetes cannot be cured, but it can be controlled. Good control requires a careful blend of diet, exercise, and , if necessary, insulin or oral drugs.
- ❑ Diet planning is vitally important to lowering blood glucose levels. In planning a diet, the doctor considers the patient's weight and the amount of physical activity he or she engages in each day. For overweight patients, a weight-reducing plan is essential to achieving proper blood glucose control.
- ❑ Exercise is also important because it helps the body burn some of the excess glucose as energy. A doctor can help plan an exercise programme that balances the diet and medication needs of the patient with his or her general health. It is important to be consistent, exercising about the same amount each day.
- ❑ Drugs (insulin injection or oral tablets) are needed when good control of blood sugars cannot be achieved through diet and exercise. Sometimes a patient who normally does well without drugs will need one on a short-term basis during an acute illness or infection.
- ❑ Proper foot care is essential for people with diabetes, since the disease can cut down the blood supply to the feet and reduce feeling. Diabetics should examine their feet everyday for

any sores, blisters, breaks in the skin, infections, or build-up of calluses, which should be reported immediately to the family doctor.

- Diabetics are less able to resist infection than others. They should protect their skin against injury, keep it clean, use skin softeners to treat dryness, and take care of minor cuts and bruises.
- Diabetes is a common cause of blindness in advancing years and this can only be prevented by annual eye check-ups by an eye specialist.

Problems of the prostate

- ❑ The prostate is a small gland about the size of a walnut, located below the urinary bladder of men and surrounds the urethra (the tube through which urine passes out of the body). It has an important function in male reproduction.
- ❑ After the age of 50 years, prostate problems are very common. Due to the action of the male sex hormone, the prostate enlarges. Prostatic enlargement is benign in most individuals. However, the enlargement can also attain malignant proportion in some patients.

Benign prostatic hypertrophy (BPH)

- ❑ In benign enlargement of prostate the large gland may press over the urethra and eventually obstruct the flow of urine. Frequent urination, especially during night, sense of incomplete urination, dribbling and finally complete cessation of urination are the usual symptoms. An enlarged prostate also predisposes to infection in the urinary tract.
- ❑ Enlarged prostate can be detected by digital rectal examination even in early stages. An ultrasonographic examination can confirm prostatic enlargement and also can measure how much urine is left in the bladder after urination.
- ❑ Mild enlargement of the prostate can be managed by medical treatment with drugs such as prazosin, terazosin and doxazosin.
- ❑ However, drug treatment is not curative. Large prostates with symptoms do not respond to drug treatment and should be subjected to surgical resection.
- ❑ Enlarged prostate nowadays is removed through the urethral route (trans urethral resection of prostate - TURP) and abdominal operation is nearly obsolete.

Prostate cancer

- ❑ Prostate cancer is a common cancer among men after the age of 65.
- ❑ Symptoms of cancer initially are similar to those caused by BPH. Untreated cancer spreads to all parts of the body leading to pain, discomfort and ultimately death.

- ❑ Regular check-up by rectal examination is the best method of detecting prostate cancer early and in curable stages before symptoms appear.
- ❑ Definitive diagnosis of prostatic cancer necessitates a biopsy (simple surgical procedure in which a small piece of the prostate tissue is removed with a needle and examined under a microscope). In the event of a positive result, further investigations are required to determine the extent of the spread of the disease.
- ❑ Surgery, hormone therapy and radiotherapy are the different methods of treatment for prostate cancer. The result of surgery however depends on the stage of the disease.

The best protection against prostate problems is to have regular medical check-ups that should include a rectal examination of the prostate. See your doctor promptly if symptoms such as a frequent urge to urinate, difficulty in urinating, or dribbling occur. Waiting until severe symptoms appear may result in serious and sometimes life-threatening complications.

Arthritis and pain killers

- ❑ Arthritis or inflammation of the joints is a common problem in advancing years and is one of the three most common health problems in older people.
- ❑ There are several types of arthritis, among which osteoarthritis is the most common. Osteoarthritis, strictly speaking, is not an inflammatory condition but an age-related degenerative disease. This condition strikes the weight-bearing joints of lower limbs, neck and back along with those of the hands. Pain may come and go and can vary from mild to severe.
- ❑ Most forms of arthritis are neither preventable nor curable. The goal of treatment of arthritis is to relieve pain and restore the functions in the affected joints.
- ❑ Treatment schedule of arthritis includes rest, weight reduction, physiotherapy, exercise and drug therapy to relieve pain.
- ❑ Arthritis medicines are among the most commonly used medicines by older people. Among all pain killers non-steroidal anti-inflammatory drugs (NSAIDs) are the ones most frequently prescribed.
- ❑ These drugs block the production of chemicals in the body that cause pain, stiffness and swelling. It often takes from a few days to a week before NSAIDs start to work and 2 to 3 weeks before the full benefits of treatment are felt.
- ❑ Some of the most frequently used NSAIDs are listed below. Most of these pain-relieving drugs have similar effect and side-effects.

Generic name

Aspirin
Nimesulide
Meloxicam
Ibuprofen
Diclofenac
Piroxicam
Paracetamol
Celecoxib

Brand name

Disprin
Nimulid, Nise
Melflam, Mcam
Brufen
Voveran
Pirox
Crocin, Calpol
Celact, Revibra

Side-effects of NSAIDs

- ❑ Along with the much-needed pain relief, NSAIDs may cause unwanted side-effects in some people. The side-effects include stomach ulcers, heartburn, nausea, stomach pain, vomiting, diarrhoea, and gastrointestinal bleeding. Gastrointestinal bleeding can manifest as blood vomiting or black stools. NSAIDs can also cause headache, dizziness and blurred vision..
- ❑ You must report to your doctor if you develop any of these symptoms. In some cases, it may be necessary to adjust the treatment in order to keep the side-effects to a minimum.
- ❑ To reduce the side-effects, NSAIDs should be taken after food. In addition, an anti-ulcer drug, omeprazole (brand name Omez, Ocid, Protoloc) prevents stomach ulcers.
- ❑ NSAID-induced stomach problems are more common in smokers and alcoholics.

Corticosteroid

- ❑ Corticosteroid also reduces inflammation in some types of arthritis. Taken orally or injected into the inflamed joint, corticosteroid rapidly reduces the inflammation and relieves pain temporarily.
- ❑ Corticosteroid, however, has serious side-effects which include reduced resistance to infection, indigestion, weight gain, loss of muscle power, mood changes, blurred vision, cataract, diabetes, brittle bones (osteoporosis) and high blood pressure.
- ❑ Corticosteroid is a very useful medicine but should only be taken under medical supervision.

Unproven remedies

- ❑ People with chronic arthritis often explore alternative systems of medicine. Several pills, gadgets and diets have been suggested as cure for arthritis. Because arthritis pain can come and go, many people believe that these cures really work. You should be careful of any pill or device that promises miracles as most arthritis are incurable.

Rheumatism and mobility

Joint diseases affect a large number of older people. Pain and stiffening of joints and muscles can seriously affect your mobility. Your doctor may be able to prescribe drugs to relieve your symptoms, a physiotherapist can give help with special exercises and an occupational therapist can give advice on mobility aids and on protecting your joints. Your doctor should be able to refer you to a physiotherapist or an occupational therapist for this type of help.

Mobility aids

If you are having problems getting about, there are many different kinds of “mobility aids”. If you find a right one for you, you may regain much of your independence. The simplest mobility aid is a walking stick, which can be helpful if just one of your legs needs extra support. If both your legs need support, then you may need to use two walking sticks, a walking frame or a rollator. If you find it difficult to walk at all, then you may need a wheelchair.

It must be ensured that your walking stick is of correct length. It should be level with the wrist crease when your arm is held by your side. If two walking sticks are being used to give balance, they need to be longer because they will be held in front of you. A walking stick should have a rubber at the end which would prevent it from slipping. They wear out quickly so they need to be checked regularly. Walking frames give even more support, are stable, and help increase confidence. Rollators are wheeled frames which are easier to manoeuvre. They are good for people with moderate balance problems.

Depression

Depression is a common problem in advancing years. It causes enormous human suffering and interferes with normal day-to-day life. It causes pain and suffering not only to the patients but also to their carers, much of which is unnecessary. Most people with a depression are unaware of the availability of treatment, though a majority of the sufferers can be helped. Depressive disorders are not the same as a passing sad mood and just cannot be wished away. Without treatment, symptoms last for weeks, months or years.

Depressive disorders come in different forms just as do other illnesses. Major depression is a combination of symptoms which interfere with one's ability to work, sleep, eat and enjoy pleasurable activities. These disabling episodes of depression can occur several times in a lifetime. A less severe type of depression involves long-term chronic symptoms that do not disable but prevent one from functioning at one's full capacity or from feeling good. Episodes of major depression can also occur during the course of illness. The third type of depression is manic-depressive psychosis or bipolar disorder. It involves cycles of depression and elation. Sometimes the mood changes can be rapid, though most often they are gradual.

Symptoms of depression are:

- Persistent sad, anxious or "empty" mood.
- Feelings of hopelessness and pessimism.
- Feelings of guilt, worthlessness and helplessness.
- Loss of interest in hobbies and activities that were once enjoyed, including sex.
- Insomnia, early-morning awakening or oversleeping.
- Loss of appetite and weight loss or overeating and weight gain.
- Decreased energy, fatigue and being "slowed down".
- Thoughts of death or suicide and suicide attempts.
- Restlessness, irritability, difficulty in concentrating, forgetfulness and indecisiveness.

- ❑ Persistent physical symptoms that do not respond to treatment such as headaches, digestive disorders and chronic pain.

Psychological make-up is an important determinant of vulnerability to depression. People with low self-esteem and pessimism, or those who are quickly overwhelmed by stress are prone to depression.

A serious loss, chronic illness, difficult relationship, financial problem or any other unwelcome change in the life pattern can also trigger a depressive episode.

Often a combination of psychological and environmental factors is involved in the onset of a depressive disorder.

Diagnosis and treatment

A complete physical and mental examination, and psychological evaluation are the most important steps in diagnosing the presence of a depressive illness and its categorization. Certain medications and medical illnesses can cause depression and should be ruled out by examination, interview and lab tests.

There are several treatment choices, which depend on the outcome of the evaluation. There is a variety of anti-depressant medications and psychotherapies that can be used to treat depressive disorders. There are several groups of anti-depressant medicines such as tricyclic anti-depressant, monoamine oxidase inhibitors (MAOIs), lithium and selective serotonin receptor inhibitors (SSRI). Some people respond to psychotherapy while some do well with anti-depressants, but the best treatment is probably a combination of both.

Electroconvulsive therapy (ECT) is the third option which is useful to individuals whose depression is severe and life-threatening, who cannot take anti-depressant medicines and whose response to medications is inadequate.

Patients often stop medication too soon after symptomatic relief. It is important to keep taking the medicines until the physician advises to stop. Some medicines can be stopped gradually while in bipolar disorder or chronic major depression, treatment is life-long.

Anti-depressant drugs are not habit-forming, so one need not be concerned about that. However, as is the case with any type of medication prescribed for more than a few days, anti-depressants have to be carefully monitored to see if one is getting the correct dosage. Many of the anti-depressants interact with other drugs. So the doctor must be consulted before starting a new medicine.

Anti-depressants can cause mild and temporary side-effects in some people which are annoying but not serious. Unusual and serious side-effects or those that interfere with normal functioning should be reported to the doctor. The most common side-effects usually associated with tricyclic anti-depressants are: dry mouth, constipation, bladder problems, sexual problems, blurred vision, dizziness and drowsiness. The newer anti-depressants have different types of side-effects such as: headache, nausea, nervousness, insomnia and agitation.

Several forms of psychotherapy are available for depression. Psychotherapy by trained counsellors is of immense help.

Severe depressive illnesses, particularly those that are recurrent, will require medication and/or ECT along with psychotherapy for the best outcome.

Remember

1. *Do not make major decisions without consulting others who have a more objective view of the situation. It is advisable to postpone important decisions until depression is cured.*
2. *Do not set yourself difficult goals or take on a great deal of responsibility.*
3. *Do not expect a quick recovery from your depression.*
4. *Simplify tasks, participate in social and religious activities; and do exercises.*

Helping the depressed person

- The most important thing anyone can do for the depressed person is to help him/her get appropriate diagnosis and treatment, and offer emotional support.

- ❑ Do not accuse the depressed person of faking illness or of laziness or expect him/her “to snap out of it.” Eventually, with proper treatment, most depressed people do get better. Keep that in mind, and keep reassuring the depressed person that with time and help he/she will feel better.
- ❑ Remain alert about the risk of suicide.
- ❑ Encourage participation by the depressed person in pleasure activities and by providing him/her company.

Where to get help

- Family doctor.
- Mental health specialists and counsellors in government or private hospitals.
- Non-governmental organizations providing mental health counselling and helpline.

Stroke

Stroke is rapidly developing cerebral dysfunction due to vascular cause with symptoms lasting 24 hours or longer, or leading to death. The usual symptoms of stroke are loss of consciousness and paralysis of muscles. Events lasting for less than 24 hours are termed as transient ischaemic attack (TIA). The characteristics of the mode of onset, together with specific neurological symptoms and signs, depend on the nature of vascular injury and site of injury.

Stroke ranks first in frequency as well as in urgency among neurological disorders, accounting for more than half of all neurological diseases in old age. It is one of the first three causes of death and the leading cause of disability in later life. Half of the patients with stroke succumb to the disease in the first year and only one-third of the survivors make good recovery.

Stroke is a syndrome resulting from a range of heterogeneous conditions that affect the cerebral vasculature and blood flow. Strokes can be either occlusive or haemorrhagic. Occlusive or ischaemic strokes account for 70 to 80% of all strokes and can be due to thrombosis (clot formation at the site of obstruction) or embolism (occlusion due to a dislodged clot from elsewhere).

Thrombotic strokes are the commonest of all varieties of stroke resulting from the narrowing of blood vessels of the brain due to high blood cholesterol (atherosclerosis). Embolic strokes usually occurs in presence of heart disease. Haemorrhagic strokes account for 20 to 30% all strokes and can be due to the rupture of blood vessels inside the brain.

Risk factors for stroke

High blood pressure is the single most important risk factor for stroke. Other risk factors for stroke include: increasing age, family history, high cholesterol, overweight, smoking, lack of exercise, heart disease and diabetes.

Diagnosis and management

The diagnosis of stroke is always clinical. Investigations are required to confirm the pathology and aetiology of stroke, to detect treatable cardiovascular risk factors and identify

treatable complications of stroke, for which baseline investigations of blood, ECG and chest X-ray are useful.

Imaging investigations such as CT scan and MRI scan are sensitive investigations for the diagnosis of the aetiology of stroke. Carotid ultrasound Doppler studies are very useful in detecting carotid atherosclerosis in patients with TIA.

The management of stroke involves: medical intervention to minimize impairment; prevention and treatment of acute complications; rehabilitation to minimize disability; and adaptation to minimize handicaps.

Prevention of stroke requires modification of risk factors: hypertension, smoking, cholesterol and drug therapy (which prevent clotting) in the presence of a history of TIA.

Rehabilitation

The patient as well as the family requires support in terms of education, training and counselling. Community and domicilliary rehabilitative services are essential for stroke patients living in communities.

The basic principles of stroke rehabilitation are detection of the impairment and handicaps, and maximization of independence and minimization of dependency. A holistic approach taking into account the physical and mental state of the patient is required to achieve the best results.

Cognitive impairment and dementia

Numerous changes occur in the brain structure and function with age. These include loss of brain cells, reduced transmission of impulse from the brain and deposition of end-products of metabolism of brain cells. Despite these changes normal older brain is quite capable of learning and remembering. However, in some individuals these age-related changes are excessive with significant functional impairment, which is termed as cognitive impairment.

Cognitive impairment

The clinical features of an aged brain are subtle or manifest alterations in cognition and behaviour. Some amount of forgetfulness is common in older people which is termed as “age-associated memory impairment”.

Age-associated memory impairment usually appears after 50 years of age and is associated with gradual onset of memory dysfunction which can be substantiated by appropriate tests. However, the intellectual function is usually intact with no evidence of any neurological deficit.

In contrast, dementia is a severe and pathological form of cognitive impairment. It is a clinical syndrome characterized by persistent impairment of multiple cognitive capacities, associated with a variety of behavioural problems.

Several pathological conditions cause dementia which include Alzheimer’s disease, Lewy body dementia, Parkinson’s disease and vascular dementia. Chronic alcoholism, deficiency of thyroid hormone, vitamin B₁₂ deficiency, infections and injury are responsible for cognitive impairment in a small number of cases.

Symptoms of dementia include gradual memory loss, decline in the ability to perform routine tasks, disorientation, difficulty in learning, loss of language skills, impairment of judgement and planning, and personality changes. The rate of progression varies from person to person and from cause to cause. In Alzheimer’s disease the time from the onset of symptoms until death is about eight years but can vary from three to twenty years.

Cognitive impairment of normal ageing produces little disability and can be easily distinguished from dementia even early in the disease. Some clues to differentiation are presented in the accompanying box.

Activity	Dementia	Age- associated memory problems
Forgets	Whole experience	Parts of an experience
Remembers later	Rarely	Often
Can follow written or spoken instructions	Gradually unable	Usually able
Can use notes	Gradually unable	Usually able
Can care for self	Gradually unable	Usually able

However, it is important that careful evaluation is carried out to exclude treatable causes of cognitive impairment which include depression, adverse drug reaction, metabolic diseases and nutritional deficiencies.

There is no single test to diagnose Alzheimer's disease and other dementias. A definitive diagnosis requires the demonstration of characteristic pathological changes in the brain tissue which is rarely carried out. However, a probable diagnosis of dementia can be made on the basis of well-defined guidelines.

The evaluation for diagnosis includes careful clinical examination, assessment of mental state, routine biochemical tests of blood, imaging of brain (CT scan and MRI scan) and a battery of neuropsychological tests.

The precise aetiology of Alzheimer's disease and most dementias (with the exception of vascular dementia) is poorly understood; as a result there is no specific treatment available for this disease.

Current treatment modalities for Alzheimer's disease are: (i) symptomatic (choline esterase inhibitors) and (ii) disease-modifying (HRT, anti-oxidants, NSAIDs). Both these modalities of the therapy are in the process of evolution with no curative treatment available as yet. Of all the agents available for symptomatic treatment, choline esterase inhibitors (tacrine, donepezil, rivastigmine) are the best developed and most successful with only mild impact on cognitive symptoms.

Care of the demented patient

The objectives of caring for a demented elderly are:

- Protection from harm.
- Maintenance of independence in daily activities as long as possible.
- Improvement in communication.
- Prevention and reduction of occurrence of difficult behaviour.
- Provision of support to family and care-givers.

Home environment

Many things in the home must be considered while planning for safety. If the demented person turns the stove/ burner on, then fire is a potential hazard. If the stove is electric, it should be disconnected when the elderly is at home alone as well as during the night if wandering is a problem. The older person must always be under someone's observation in order to be secured and protected to prevent wandering away from home. The most important point is to anticipate the safety needs by conducting a thorough assessment of risk.

Maintenance of independence

In order to maintain independence as long as possible, demented persons must be kept stimulated and involved in activities. Reality orientation is an approach in which the demented person is re-educated by health care workers and family members in a regular manner. The process should start with simple objects in the surrounding going on to activities of daily living. Sensory stimulation is another approach in which different senses are stimulated by familiar objects (scent for smell, sugar or salt for taste, etc.) with recall and reminders.

Communication

Communicating with a demented person can be very frustrating. It is important that health professionals and family care-givers do not respond by ignoring the older person, talking to them as if they were a child, answering for the older person before giving them a chance to answer for themselves, or shouting or speaking harshly to the older person. Instead, communication should stress the following:

- The older person should not be hurried when trying to speak and they should be allowed time to consider what they want to say.
- If the older person starts to forget what they are trying to say, the last words or sentence that they speak should be repeated to give them the cue.
- Short simple sentences and ones which can be answered by a yes or no should be used.
- The most important content of what needs to be communicated is given at the end of the sentence.
- Instructions should be given one at a time.
- Background noise and distractions should be avoided as far as possible.

Management of behavioural problems

Part of the importance of communicating well and patiently is that this often prevents the occurrence of agitation and other disruptive behaviours. The most common behaviour problems

in demented persons include: resisting care, screaming, repeating things over and over, striking out physically, inappropriate sexual behaviour, taking clothes off in inappropriate places or undressing throughout the day, hoarding things and smearing faecal matters.

In order to determine which factor triggers difficult behaviour, the patient must be observed and the family care-giver should be interviewed. Bathing and toileting are the common ones which start these behaviours. Other factors which cause these behaviours are too much stimulation in the environment from people and noise, unfamiliar person and places, being forced to do something, too many instructions at once, accumulation of physical energy from inadequate activity and exercise, fatigue, physical discomfort from pain, fever or constipation and inability to communicate needs.

Approaches in reducing violent behaviour may include the following:

- Making a routine for daily care to improve predictability.
- Determining the ideal time of day for doing needed things.
- Trying not to surprise the person by any action.
- Avoiding argument and physical restraining.
- Diverting the person's attention.
- Engaging the older person in recreational activities which use the whole body.

Support to family and care-givers

The family needs a great deal of emotional support in taking care of a relative with dementia. This may include co-ordination with support groups. There are several support groups available; among them the Alzheimer's and Related Disorders Society of India (ARDSI) is the most active. This society provides counselling on day-to-day problems and information on the management of behavioural problems.

The family also needs to have arrangements for relief of responsibilities so that the caregivers do not become exhausted and socially isolated.

Cancer

Cancer is one of the five most common causes of death in elderly Indians. Age is the strongest risk factor in the development of cancer. Though the relationship between cancer and ageing is unclear, the increased risk of cancer in old age is possibly due to: poor cellular repair mechanisms, activation of genes that stimulate cancer and suppression of genes that prevent cancer, decline in surveillance against cancer and life time exposure to carcinogens.

There are certain cancers which mostly occur after the age of 50 years. These include head and neck cancer and cancers of the female genital tract, upper and lower gastrointestinal tract, pancreas and prostate. Half of the breast and haematological malignancies are encountered after the age of 60 years.

There is evidence to suggest that though the progression of cancer may be different in old age, its diagnosis in older patients is invariably accomplished at an advanced stage of the disease.

The delay in diagnosis is due to:

- lack of interest in the screening for cancer;
- lack of awareness about the problem; and
- fatalistic attitude towards cancer in general.

Principles of management

Elderly patients are usually under-treated due to a widely prevalent misconception that elderly patients are less eligible for surgery and they tolerate radiotherapy and chemotherapy poorly. Scientific data on very old patients with cancer is scant as most studies tend to exclude this group of patients. While deciding on the treatment the life expectancy of older patients should not be underestimated. The older patient with cancer should be approached with the same principles of therapy as patients of any other age-group.

Age does not adversely influence the efficacy of treatment nor does it predispose to higher toxicity. The state of physical fitness and mental health should be the consideration rather than the chronological age and all options of therapy should be considered.

Palliative care

Palliative care is defined as active care of pain, distressing symptoms and other psychological issues of an incurable or terminal cancer patient. Older cancer patients are more likely to require palliative care. The most important action in palliative care is pain relief with even round- the-clock oral opium or its derivatives. Symptomatic care for all symptoms should be attempted in the right earnest.

Prevention of cancer and screening

Measures that include lifestyle changes, diet and exercise are probably of lesser value in the primary prevention of cancer in old age.

On the other hand, secondary prevention by early detection by screening is of great practical value. Cancer is a hundred times more common in males aged 75 years than in those aged 25 years, so screening is most cost-effective in old age.

Some common cancers which should be routinely screened are

- Lung - Chest X-ray
- Colon and rectum - Digital examination, stool occult blood
- Prostate - Digital examination
- Breast - Self-examination, mammography
- Female genital tract - Pap smear

However, because of several social and behavioural reasons older individuals are usually not very keen on cancer screening programmes.

Bereavement: The death of a loved one

The death of a loved one is an experience we may all have to cope with at some time or the other in our lives, particularly as we grow older.

It is likely that you may have already suffered the death of your parents, a brother or a sister, husband or wife, a good friend or even a child or grandchild. The death of someone you share your life with is one of the severest forms of stress. In later life it can mean the end of a loving relationship which has lasted for many years.

There may be other problems of your own life: lack of mobility, the problem of living alone, infirmity or ill-health, the distance you live away from your children, or the possibility that you may have no family left.

Bereavement is a highly personal and traumatic event. There is no standard measure of the pain of loss and each one of us will experience bereavement in our own way. Nevertheless, there is a recognized pattern to grieving and this chapter leads you through the usual stages of grief to show how healing can take place.

Our worst fears are always of the unknown, but if you know that grief needs to be worked through and the sort of things which people are likely to experience, it may help you to be more prepared for the death of a loved one.

In olden times, there was more formality in mourning and rituals of grief were part of life. Nowadays, with the rituals having become ultra-short, we may overlook the need to mourn, though it is essential to our well-being and recovery. We need to allow ourselves time to mourn and to grieve and we should allow it in others and seek to help them. Many can find additional solace through religion. If you have always had strong religious beliefs you may find that your faith is shaken when someone you love dies. If you do not regularly worship, you can start afresh. Personal faith and philosophy of outlook can be of enormous comfort in bereavement.

The stress of grief puts enormous physical and emotional demands on us. Stress also makes us accident-prone. That is why it is very important to take extra care of yourself. Extra

rest, nourishing food, fresh air and exercise are of greater value than drugs and alcohol to tide over this period. However, if you are worried about your health in any way or you have a persistent complaint, you should consult your doctor.

Share your fears

As we grow older we may be burdened with fears. In bereavement we may experience the return of childhood fears as well as new fears: fear of darkness; fear of the unknown future; fear of having to move house; fear of not being able to cope with household chores and finances; and the fear of being alone after many years of loving companionship. Perhaps the greatest fear of all is having to face our own death. Fears are real but can be shared; the support of your family and friends will help to quell these fears.

Preparing for the death of a loved one

It is not morbid to talk about death but it is very sensible to be prepared for it as far as possible, both emotionally and practically. Not knowing how to do things leads to anger and frustration during grief. Being able to do the day-to-day work can also bring a measure of relief in the midst of emotional upset and a sense that your loved one would be pleased that you are coping.

Things that need to be done when there is a death

In case the death occurs at home, call your doctor who will sign a medical certificate confirming the cause of death, unless it is decided to refer the matter to the police. In case of death in hospital the doctor there will issue the certificate. The medical certificate must be taken to the local Registrar of Births and Deaths within a stipulated period of the death.

Sudden death

If the death is sudden or unusual your doctor has a duty to tell the police, who may call for a post-mortem and may arrange for an inquiry to find out the cause of death. In most cases it is merely a technicality so do not be too alarmed.

Death notice

You may wish to put an announcement about the death in the newspapers, giving the date, time and place of the funeral. The classified advertisement department of the newspaper generally helps you with the wording and gives you an idea of the cost. For security reasons, you may decide not to include your address.

Practical dos and don'ts

- *Do try to prepare yourself in advance of a death.*
- *Do express your emotions; it won't help to hide your feelings. Talk about what has happened with your family, a close friend or a sympathetic group.*
- *Do take great care of yourself: eat properly and rest.*
- *Do try to guard against accidents in the home and ensure that your home is secure.*
- *Ensure to consult your doctor if your health is a worry.*
- *Don't let family or friends hurry you into making decisions.*
- *Don't enter into any financial arrangement you don't understand.*
- *Don't allow the funeral rituals to be expensive.*
- *Don't turn to drugs, alcohol or smoke to excess.*
- *Don't move home while you are still grieving. You will need time to adjust to your changed circumstances.*
- *Don't hurry the healing process; take it at your own pace.*

Courtesy: Dr.A.B.Dey