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# COVER STORY

## TAKE CARE OF YOURSELF

### Two specialists recommend tests, preventative measures for boomers

By Rick Nathanson Journal Staff Writer

Younger people, those who have many more years in front of them than behind them, “think they’re going to live forever,” says Neal Halpern, a doctor of internal medicine at Presbyterian Medical Group. “But as people get older they think more about their mortality.”

Because of that fundamental change in thinking, baby boomers have decidedly different health concerns than do younger people. In addition, boomer men and women have some gender-specific health concerns as well as some that overlap.

Halpern and Dr. Abraham Lichtmacher, head of obstetrics and gynecology at the Lovelace Women’s Hospital, were asked about some of the health challenges facing baby boomers.

#### **MEN**

**ENLARGED PROSTATE, PROSTATE CANCER:** The prostate gland gradually enlarges in men as they get older, “almost without exception,” says Halpern.

As a result, urinary flow may become impeded, the bladder never feels like it is empty and sleep is often disturbed as men get up repeatedly during the night to use the bathroom. Medication is available to help shrink the prostate and relieve the symptoms.

An enlarged prostate, however, “is not a precursor to prostate cancer, but age and hereditary factors are,” Halpern says. The combination of a digital rectal exam and a PSA (prostatespecific antigen) blood test is recommended.

**ERECTILE DYSFUNCTION:** Men are concerned about prostate cancer and its role in erectile dysfunction, “but they are much less embarrassed to talk about it now,” possibly the result of television commercials about ED, Halpern suggests.

Because men who are overweight or obese have more vascular problems, they also tend to have more ED-related problems.

“There is information coming out now that obesity by itself is a factor in ED and losing weight results in better function,” he says.

**TESTICULAR CANCER:** While men should regularly examine themselves for lumps, boomers shouldn’t be preoccupied with worry about this type of cancer. It is primarily a disease of younger men,

particularly men in their 20s and younger, Halpern says.

## **WOMEN**

### **GYNECOLOGICAL PROBLEMS:**

Boomer women who have raised their children and gone through menopause “think their pelvic organs disappear,” figuratively speaking, says Lichtmacher.

While their reproductive organs may have decreased function, the risk of cancers of the uterus, ovaries and especially the breasts, goes up with age. It is estimated that one out of every 10 women will have breast cancer in her lifetime, and the majority will be of boomer age, he says.

“Most women are aware of detection, but there is still a large number of women who have failed to get a mammogram, or don’t follow up on the results of a mammogram, or have some logistical excuse for not doing it. Mammograms are still an effective method of early diagnosis, and should be done every one to two years for women age 40 to 50, and once a year thereafter,” Lichtmacher says. In addition, all women should conduct monthly breast self-examinations, but boomers should be especially vigilant.

Unlike these other cancers, cervical cancer seems to be the exception in that its incidence declines as women get older, Lichtmacher says.

**MENOPAUSE:** Hot flashes and mood disorders are the most common complaints. “These are subjective symptoms,” says Lichtmacher. “Not everybody gets them and some are bothered more than others.”

The best way to deal with it, he says, is maintain a healthy lifestyle, eat right, exercise, make sure you’re getting enough calcium and monitor those life changes in consultation with your health care provider.

**OSTEOPOROSIS:** Characterized by the gradual thinning and weakening of bones, osteoporosis affects more women than men largely because men have larger and denser bones to begin with, and because they don’t experience the abrupt hormonal changes that women do following menopause.

As a preventative, women should maintain their calcium intake and engage in regular weight-bearing exercise, Lichtmacher says.

## **MEN AND WOMEN**

**WEIGHT CONTROL:** Being overweight is a contributing factor in high blood pressure, diabetes, high cholesterol, high triglycerides “and a whole spectrum of cardiovascular illnesses, including strokes and coronary artery disease,” says Lichtmacher.

In fact, “women often think gynecological problems are their No. 1 cause for concern,” he notes. “In truth, heart disease is as common or more so in women than in men, and it is the No. 1 killer of women.”

It’s especially relevant in this part of the country where Hispanics and Native Americans have a larger percentage occurrence of diabetes or a genetic predisposition to diabetes.

His advice: “Get into a good exercise program and stick with it, and don’t go on yo-yo diets. It’s better to maintain healthy eating patterns and healthy weight throughout your life.”

Halpern agrees, noting that “what happens to people’s bodies as they get older usually starts earlier and often is associated with lifestyle, though there can be a strong hereditary component.” Kids who are overweight, he says, “become adults who are overweight.”

**COLON CANCER:** "People are beginning to realize this is an equal opportunity disease," Lichtmacher says. Boomers should have regular screening tests, of which the colonoscopy is the most effective.

"A lot of people, both men and women, are just reluctant to do it," says Halpern, "but it may be the most important screening test after the age of 50, and putting it off can delay diagnosis and treatment."

Boomers should be screened for colon cancer every three to five years, depending on risk factors and previous test results, Lichtmacher says.

**SMOKING:** Boomers who began puffing away in the 1960s and 1970s are at increased risk of lung cancer, heart disease, respiratory illnesses, stroke and hardening of the arteries. For men, add impotence to the list, says Halpern.

The good news is that many boomers have quit. For people who haven't stopped smoking by the time they're in their 50s or 60s, "it may take a crisis like a heart attack or stroke, or a diagnosis of cancer to rattle their cages a bit," Halpern says. Unfortunately, "there is a minority who won't stop, even after these life-altering events."

**DEPRESSION:** Many people in their 50s and 60s have gotten past the hurdles of raising children and are at or near the end of their careers. "They start feeling like there's nothing more to achieve and they get depressed," says Halpern.

Depression affects men and women, but men in particular have trouble seeing retirement as something to look forward to, especially those who enjoyed their jobs.

Fortunately, "men in their 50s and 60s are more in touch with their feelings than when they were younger, and they're willing to admit openly with me that they are depressed." That in turn opens the door for treatment.

**DEMENTIA:** The two most important things a person can do to maintain not only physical health, but also mental health, are aerobic activity for cardiovascular conditioning, and resistance training for strength, balance and flexibility, Halpern says.

Vascular dementia and Alzheimer's disease affect men and women equally. Vascular dementia, sometimes called age-related dementia, can be hastened or made worse by diabetes, smoking or anything that increases hardening of the arteries. There is little medication to treat that type of dementia, while there are several medications used in the treatment of Alzheimer's.





