“Normal” Aging

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First, a little about me

- Born in Kansas
- MD from UT-Southwestern Medical Center
- Completed internal medicine residency at UCSF
- Now, attending physician at Montefiore Medical Center
  - Unit Director of COVID-19 ward
- Professional interests: quality improvement, medical education, cost reduction, gastroenterology, aerospace medicine
- Personal interests: travel, photography, cooking, reading
• I’d like to keep the sessions informal and conversational

• Ask questions at any time

• If you have suggestions for future sessions, please let me know at the end!
Disclaimer

- The topics and viewpoints discussed here are my own and do not represent the official views of Montefiore.
- These sessions should be purely informative, and should not supersede the recommendations of your personal doctor.
- I have no conflicts of interest to disclose.
“Normal” Aging

I never said I wanted to get old.

I think I would have remembered not agreeing to it.
What is aging?

- Progressive and largely predictable changes in our bodies over time
- Differences exist between and within people
- Caused by many factors
  - Genes
  - Environment
- Aging is NOT a disease, but does make one more likely to develop medical problems
Why is this important?

- We are all getting older, and life expectancies are increasing
- There is no miracle cure or fountain of youth
- Many experiences or symptoms may be incorrectly attributed to “getting old”
- This can lead to missed opportunities to improve quality or length of life
- Knowing your body is important!
What are these changes?

- The body’s “rhythms” change
  - Sleep patterns, body temperature, hormones

- The body becomes less “dynamic”
  - For example, hearing, blood pressure, heart rate

- The body’s “reserves” decrease
"The precipice"

Physiologic reserves available

Homeostasis

Physiologic reserves already in use

Increasing age
Questions so far?
What can we expect?
Cognitive Changes

- Typically a patient’s #1 concern
- “Am I getting dementia?”
- Your brain does have structural and functional changes
Cognitive Changes

- Long term memory and vocabulary stay stable
- Skills and abilities are maintained
- Problem solving, processing new information peaks at age 30
- Certain memories of events, short term memory, and ability to do complex tasks may worsen starting in your 60s
Cognitive Changes

- It is totally normal to have some difficulty remembering a name and misplacing an item like your keys!

- **Not normal aging:**
  - forgetting family members’ names/faces
  - getting lost in your neighborhood
  - repeating questions
  - forgetting the function of items
  - personality changes
  - hygiene/diet neglect
Vision & Hearing

- Dry eyes common
- Appearance of eye may change
- Mild farsightedness (presbyopia) can start at age 40
- Clouding of vision can be due to cataracts (usually after age 60) and should be evaluated by doctor
Vision & Hearing

- High-pitch sound hearing decreases
- More difficult to hear people talking in a group
- Not “normal” aging:
  - hearing loss in one ear
  - Sudden worsening in hearing
  - Overall poor hearing

“It’s a special hearing aid. It filters out criticism and amplifies compliments.”
Mouth and swallowing

- Appetite should remain stable
- Mild dry mouth common
- Over time, chewing and swallowing may be slower and require more care
  - Choking and coughing is NOT expected
- Gums recede and may cause dental issues
Stomach and Intestines

- To be expected:
  - Stomach irritation with medications

- Abnormal:
  - Feeling of food getting stuck
  - Heartburn

- Vitamins may not absorb as well as in youth, but your levels should not be low
  - Your doctor may recommend a multivitamin

- Constipation is VERY common, diarrhea or incontinence less so
  - You should discuss either with your doctor
Heart Health

- Blood vessels stiffen with age, so heart must work harder

- High blood pressure is common, but should not be ignored

- Not “normal” aging
  - Palpitations
  - Chest pain
  - Dizziness
  - Losing consciousness
Lungs

- You may not be able to exercise like you used to but...
- ...frequent coughing is not expected
- ...wheezing is not expected
- ...severe shortness of breath is not expected
- ...low oxygen is not expected
Kidneys and Bladder

- Kidney function decreases over time, but nothing that you should notice
  - Stay hydrated, be cautious of risky medications
  - Regular checkups are important
- Urinary incontinence is common, distressing, but can be improved!
- For men, issues related to prostate can start in your 30s
Bone and muscles

- Muscle mass will decrease (starting at age 30); though this is highly variable

- Strength and stamina typically decrease as well

- Unintentional weight loss should always be discussed with your doctor

- Bone mass/strength decreases, but aging does not = osteoporosis
  - A broken bone may be a sign of an underlying process
Skin

- Skin becomes thin, more delicate
- Bruising may occur easier
- Fat stores decrease --> some wrinkles and sags
- Nerve endings in the skin become less sensitive
- You sweat less!
Blood Counts and Immune System

- Some blood counts (red blood cells) may decrease
- Low iron, folate, or Vitamin B12 are NOT expected

- With normal aging, the immune system does become weaker
  - This is a complex, poorly understood process that is being actively researched

- All you should know is that even without chronic medical conditions, the immune system will weaken with age, putting you at higher risk for infection, development of cancer, and making vaccinations less effective

- No medications exist to combat this, but exercise, healthy diet, and stress reduction have shows to improve immunity
Mobility

- Overall, energy level will decrease slightly and it is easier to get fatigued.
- Balance may be worsened (due to many things) and may result in falls.
- Discuss recurrent falls with your doctor, as they can help find a possible cause and give treatment strategies.
Sexual Activity

- Sex drive does not necessarily decrease with age
- Arousal may be more difficult, and may change over time
- Other medical issues may decrease sexual enjoyment
- Erectile dysfunction should be discussed with your doctor
- Open communication about your concerns/needs with your partner(s) is important
Miscellaneous

- Lower back pain
  - Not “normal” but is **VERY** common; discuss with doctor

- Ankle swelling
  - Not “normal”, but may not be anything serious; needs to be worked up with doctor

- Depression
  - Underdiagnosed late in life
  - Symptoms may be atypical
So what to do?

- Understand that changes throughout life are inevitable

- Focus should be placed on “successful” aging
  - Active lifestyle
  - Healthy diet
  - Avoidance of bad habits like smoking
  - Immunizations and preventive health care; cancer screening
  - Avoiding isolation
  - “Being selfish”: paying attention to your body and advocating for your needs and priorities
So that’s a lot of information

- Questions? Suggestions?