

SENIOR **RESOURCES** GUIDE

You *CAN*
Exercise at
Any Age!

And Other
Aging Myths
Debunked!



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WashingtonJewishWeek



Jewish Council for the Aging
Helping All Seniors Thrive®

Don't Believe Everything You Hear About Aging

One minute you are in high school. The next thing you know, you are raising a family and earning a living. Before you know it, you're busily enjoying retirement, grandchildren and traveling.

Time marches on, and sometimes it all seems so inevitable. But when you stop to examine your life more closely, weren't there plenty of deviations along the way? Marriages that seemed so right ended in divorce. A dire medical diagnosis came to you or a loved one when things seemed so fine. A move to another town that strained strong friendships.

Let's face it. Life is not predictable. So why are we so quick to accept the stereotypes that old age means slowing down, numerous aches and pains, memory loss and lingering illnesses? Get off that rocking chair and read on.

The National Institute of Aging in Bethesda, Maryland is running a campaign called 10 Myths About Aging. In this Senior Resource Guide, written by The Jewish Council for the Aging of Greater Washington, we will take an in-depth look at these myths and why they don't necessarily occur just because you reach a certain age.

These myths cover sleep, depression, learning new things, memory issues, blood pressure, driving and exercise.

The thing to remember while reading this guide and throughout life, according to the NIA, is not to make assumptions about what it is like to grow old and how your age will affect you.

Myth 1 – Depression and loneliness are normal in older adults.

Everyone feels sad from time to time. That's normal, but if you find yourself more blue than carefree, take it as a sign that you need to do something.

Depression is a serious mood disorder, according to the NIA. It affects the way you feel, act and think. Clinical depression is a mental health disorder characterized by persistently depressed moods or loss of interest in activities, resulting in a significant impairment in daily life.

Clinical depression is not a normal part of aging, according to the NIA. Rather, most older adults feel satisfied with their lives.

However, older adults can experience major depressive disorder, meaning the symptoms last at least two weeks and interfere with your ability to deal with daily life. With persistent depressive disorder, known as Dysthymia, depressed moods last more than two years.

If you find yourself unable to do normal tasks due to depression, that is called major depressive disorder.

Remember, it's normal to feel down or overwhelmed if you or your loved one has been diagnosed with a debilitating disease. But if you find you can't snap out of it, work on your treatment plan or do other things to help, it may be best to consult a doctor.



There is hope. Counseling, medicine and other treatments can alleviate your mental anguish. You may find that you have seasonal affective disorder, postmenopausal depression or other issues that doctors know how to handle.

Do not isolate or harm yourself. Call a trusted family member or friend. Call 988, the national suicide and crisis lifeline, and talk to someone who can help. Plan something as simple as writing down who you will call, a relative or friend, when you feel you are reaching the bottom. That way, should the feeling occur, and you can't think of anything helpful, that note will remind you of what to do.

Life's ups and downs can cause sadness and even depression. In fact, rare is the person who doesn't get stressed out and depressed from time to time throughout their life. Changes in lifestyles also bring on the tears. A once very active person may now face a future of dependency on someone else.

Those with a family history of depression often are at a higher risk for it than someone who just learned they have cancer or a loved one is very ill.

Depression risks – not depression causes – include caregiver stress, insomnia, social isolation and loneliness, lack of exercise and physical activity and medical problems, according to the NIA. Addiction and alcoholism also are risk factors.

While social distancing, staying away from friends and family for fear of catching COVID-19 may have lessened, they remain in people's consciousness. Many people

continue to prefer staying away from crowds, and while that may seem sensible, it also means the end of going to parties, movies and other social events. You need to feel comfortable while enjoying activities.

Older adults also find themselves spending more time alone when loved ones pass away or are too sick to socialize. A once close and noisy family may now be living all over the United States or the world.

Studies show that loneliness and social isolation are associated with higher rates of depression, according to the NIA.

Now is the time to push yourself to return to your card group or lunch dates. If you haven't already, or that's not practical, join virtual clubs. Discuss a book online, listen to a talk on current events or virtually visit museums and foreign cities through numerous internet programs that are easy to partake.

Pick up the phone and call someone close to you. Make a regular time to chat, catch up on family and neighborhood events or discuss a television show. There are lots of people in the same state of concern who still want to stay close without getting physically close.

Depression in older adults actually may have different symptoms than in younger people, according to the NIA. For some older adults with depression, sadness often isn't a major symptom. Instead, they could be feeling numb or disinterested in the world and the activities they used to love.

Common symptoms include persistent sad, anxious or

empty moods; feelings of hopelessness, guilt, worthlessness or helplessness; irritability, restlessness or trouble stilling still. Other symptoms include a loss of interest in activities including sex; decreased energy or fatigue and moving or talking more slowly. A depressed older person may have difficulty concentrating, remembering or making decisions. Difficulty sleeping is also a sign.

A change in eating, including more than usual or less than usual, are other symptoms. Of course, thoughts of suicide or suicide attempts are other signs.

Not everyone has all, or even most, of these symptoms. But even one or two that last for more than two weeks are cause for concern and may warrant a trip to your doctor.

Some of these symptoms might be due to other health conditions that a doctor can diagnose. Make sure you alert your doctor to all the medications you are taking. Some could interact with others, causing mental and physical issues. As you age, your body changes can affect the way you absorb medicines so your doctor needs to know about each medication. Bring a list with you so you don't forget any.

Myth 2 – The older I get, the less sleep I need.

Older adults need about the same amount of sleep as do all adults. That means seven to nine hours each night is ideal. Often, older people tend to go to sleep earlier than they

used to. Their days of partying until dawn don't seem as fun anymore. It's fine to adjust your sleeping hours to your body and lifestyle.

If you feel like you aren't getting enough sleep as you age, it might be because you aren't feeling well, experiencing some aches and pains or taking medicines that may keep you awake.

It's easy to know if you aren't getting enough sleep. If you are sleepy, irritable, forgetful, depressed or tend to fall more often, you probably aren't getting enough good sleep. It is not okay to just remain in bed for seven to nine hours while feeling restless and awake during the night. It is important to get a good night's sleep.

To get that good night's sleep, the NIA suggests you follow a regular sleep schedule, going to bed and waking at the same time, regardless of whether it is a weekend or weekday. Avoid napping in the late afternoon or evening, because that one hour rest may feel great in the short term, but likely will keep you awake during the night.

The NIA also suggests you develop a bedtime routine. Relax before you retire for the night by reading, listening to soothing music or soaking in a warm bath. Try not to watch television or use your computer, cell phone or tablet in the bedroom. The light may make it difficult to fall asleep, and if the show you are watching is scary or unsettling, forget about a good night's sleep.

Adjust the temperature in your room so it is not too hot or too cold. As Goldilocks might have said, this temperature is just right. The same for lights. Don't use bright lights as you prepare for bed.

Exercise is great for you but not within three hours of bedtime. Make sure your body is relaxed before tucking in. Stay away from caffeine late in the day. That doesn't only mean stop drinking coffee in the afternoon. It also includes avoiding caffeinated tea, sodas and chocolate. They all contribute to keeping you awake. That goes for alcohol as well. Even small amounts make it harder to sleep, according to the NIA.

Despite following all these guidelines, some older adults may still suffer from insomnia. For them, it is difficult to fall asleep and stay asleep. You may take a long time to finally drop off or you may wake up several times during the night and have trouble falling back to sleep.

This can plague you for a short time or much longer, especially when you worry about not getting enough sleep or wake up and are sure you won't fall back to sleep quickly.

There are prescription medicines and over the counter sleeping aids that may help, but they are not a cure. The best way to deal with these issues is to develop healthy habits at bedtime.

Some people, regardless of age, suffer from sleep apnea. They have short pauses in breathing throughout

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their sleeping hours. If untreated, it can lead to high blood pressure, stroke or memory loss.

You won't necessarily know you have sleep apnea, unless a sleeping partner complains about loud snoring or breaks in breathing. But if you feel sleepy during the day after what you think is a good night's sleep, you should probably speak to your doctor.

You also could be losing precious sleep time due to restless legs syndrome, periodic limb movement disorder or rapid eye movement sleep behavior disorder. If you feel tingling, pins and needles or the need to jerk and kick your legs, try warm baths, relaxation exercise or exercise. You should speak to your doctor about these symptoms.

Lots of people offer their best advice to help fall asleep. These ideas may work for them and not your or they may help you head to zzzzland more quickly. Try a few and see what's best for you. Count backwards from 100. Bet you won't get that far. Or try and trick yourself. While lying in bed convince yourself you only have a few minutes before you have to wake up and just want a quick few more winks.

Meditation and other forms of relaxation can put your body to sleep. Work your way from your toes on up, relaxing each body part for a few seconds.

More people are working from home now, and if you are doubling your bedroom as an office that might just be your problem. Use your bedroom only for sleeping.

According to an article from Kaiser Permanente, sleeping fewer than seven hours each night could lead to obesity, high blood pressure, diabetes, stroke, mental distress and even death.

Let both your mind and body slow down as you near bedtime. Try progressive muscle relaxation by tensing and then relaxing all your muscles. Maybe more pillows will help. Side sleepers should consider placing a pillow by their knees to reduce stress on your spine. Or maybe it's time for a new mattress. If it isn't giving you support, it's not helping you have a restful evening.

Kaiser Permanente also suggests investing in something that creates white noise like a fan or special machine. White noise, similar to white light, contains every frequency at equal intensity. Therefore, it can mask loud sounds that stimulate your brain.

It's easier said than done, but try not to bottle up your concerns and stresses and uncork them while in bed. Worrying is the result of an overactive mind, and that is not conducive to falling asleep.

Your sleeplessness won't end overnight. Give it some time and hopefully soon enjoy dreamland.

Myth 3 – Older Adults Can't Learn New Things

Quite simply, this is just not true. Older adults have the ability to learn new things, create new memories and improve their performance in things they already like to do, according to the NIA.

Sure, it often takes a little longer to recall the names of people we know and places we frequent, but that does not mean your brain is closing down. It's important to try and learn new skills, play new games and stay current with the



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times. This could improve your cognitive abilities, according to the NIA. Staying social, getting together with people or talking on the phone also will keep you engaged.

So go start that hobby you never had time for, join a book club, walk with neighbors and friends and keep learning.

According to an article on the Scientific American Blog Network, you aren't too old to learn new skills. In fact, it is important to do so. Older adults are taking to pickleball and other activities with glee.

Years ago, retirement meant hitting the couch, playing a few rounds of golf or spending time with grandchildren. While there is nothing wrong with any of those, many older adults are wanting more. Some are perfecting their photography skills to capture family and vacation memories. Others are upping their game, be it golf, tennis, hiking, jogging or skiing.

Often, the news will highlight someone in their eighties and nineties conquering spectacular feats. They climbed a mountain, finished a marathon, lifted hundreds of pound weights or sailed around the world – solo.

While you don't have to break records to enjoy yourself, it's important to keep trying and nudging yourself onward. If you are a jogger, go a little further or faster. If you like playing bridge, try another card game. Of course, it's important to eat healthy and learn new things all the time. Solving crossword and Sudoku puzzles daily is great, but if you have been doing that for years, think about finding a new challenge.

Just staying current means learning new things. Cell phones and computers, once mastered, can lead to finding new apps and listening to podcasts. While hiking, there are apps to enable you to learn the names of the flowers, trees and the wildlife you pass.

You may not be attending school where the teacher

explains everything, but there are libraries and senior centers that offer lots of courses and assistance to stay up to date on technology. These programs often are free.

But don't shy away from attending school. Many local colleges offer free or reduced-cost classes for seniors. Art history, music, American history, a new language, current events, science. The list is endless. There is no need to worry about getting the best grades to get into the next program. And when the class ends, consider having coffee or going for a walk with a classmate.

According to a study in the Journals of Gerontology, Series B: Psychological Sciences by Rachel Wu and Carla Strickland-Hughes, older adults can learn multiple new skills in an encouraging environment, just like they did as a child. In the study, older adults took three to five classes for about 15 hours each week, which is similar to an undergraduate course load. They also participated in one-hour weekly discussion sessions concerning the learning of new skills and resilience in aging.

Next, the study participants were measured for changes in short-term memory and their ability to switch between tasks. The results showed an increase in levels similar to people 30 years younger, according to the study.

"The take-home message: not only can older adults learn multiple new skills at the same time in the right environment and with the right beliefs, but doing so may improve their cognitive functioning considerably," the Journal blog said. Clearly, it helps to step out of your comfort zone and tackle new challenges.

Myth 4 – Memory problems always means Alzheimer's disease

How many times did you ask your children to do something, and it didn't happen because they said they forgot? Did

you ever once think they were suffering from Alzheimer's disease? Of course not. Well then why are you so tense about your own memory issues? Forgetfulness does not automatically harken the onset of Alzheimer's disease.

Actually forgetfulness can be a normal part of aging, just like minor aches and pains. As you get older, bodily changes occur, even in the brain, according to the NIA. It may take longer to learn new things, and you may not retain information as easily. Misplacing your keys and glasses, taking a few moments to remember the name of that restaurant you went to last summer or forgetting a neighbor's name doesn't mean you have a serious problem.

According to the NIA, normal aging includes:

- Making a bad decision once in a while
- Missing a monthly payment
- Forgetting which day it is and remembering it later
- Sometimes forgetting which word to use
- Losing things from time to time

Symptoms of Alzheimer's Disease include:

Making poor judgements and decisions a lot of the time;
Problems taking care of monthly bills;
Losing track of the date or time of year;
Trouble having a conversation; and
Misplacing things often and being unable to find them.

According to the NIA, memory loss is related to some medical conditions, and if treated correctly, those lapses will disappear. Tumors, blood clots, infections in the brain, drinking too much alcohol and head injuries are all examples of medical problems that can cause memory problems.

Memory problems also can arise from a poor diet that results in too few vitamins and minerals in your body.

There are emotional issues, like stress, anxiety and depression that can have a negative effect on your ability to recall. If you are sad, lonely, worried or bored, you also may feel confused and forgetful. This often is temporary, lasting as long as the other symptoms. Supportive friends and family can help you get through bad times.

Myth 5. Older adults should take it easy and avoid exercise so they don't get injured.

Even if you have a chronic condition, you have much to gain by being active, and a lot to lose by sitting most of the day, according to the NIA. Just about everyone, at any age, can participate in some physical activity.

Exercise and physical activity are great for your mental and physical health and lead to greater independence as you age. You don't have to run a marathon – or even a mile – to be considered active. Walking is good, especially on a regular basis. Yoga, Tai Chi and similar body movement practices are known to improve balance and stability.

Endurance, strength, balance and flexibility are the four types of exercise and physical activity recommended by the NIA. Adults should do muscle-strengthening activities and aerobic exercise on a regular basis.

Endurance exercises improve the health of your heart, lungs and circulatory system. Flexibility exercises such as stretching make everyday activities easier. Balancing exercises help prevent falls. Strength exercises can help you remain independent and prevent fall-related injuries.

If you aren't used to being active, go slow at first and increase your exercises as you feel comfortable. Small lifestyle changes can go a long way in supporting healthy aging. Start by just getting out there. Take the stairs instead of the elevator. Split your lunchbreak in half to eat and go for a walk. Don't be so quick to call, email or text workmates. Get up and walk to their office. Park away from the entrance to your office or the store.

Walk, bike, jog or garden. Find a partner for tennis or pickleball. Do you like to dance? There are classes or halls to square dance, ballroom dance, tap dance and salsa. Take your grandchild to the park, and join in on the fun.

It might help to find a friend to walk and talk with. It makes the time go faster, and you can gain benefits from socializing. Don't worry if you have to skip a few days due to family commitments or health issues, just get back on track as soon as you can.



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It is helpful to keep a record of your activities. Many cellphones have apps that will count your steps and monitor your health as you go. It can be very encouraging to watch as you start off by struggling to walk for 30 minutes and now are registering longer times and mileage. Hopefully, working out in a gym or walking in the neighborhood soon will be something to which you look forward.

If you have medical issues, check with your doctor first and devise a plan that works best for you.

Myth 6. If a family member has Alzheimer's disease, I will have it, too.

While your chance of having Alzheimer's disease may be higher if you have a family history of dementia, it is by no means certain. Environmental and lifestyle factors, such as exercise, diet, exposure to pollutants and smoking may increase your risk. Unfortunately, you can't control the genes you inherited, but if you strive to stay healthy, it can help.

According to the NIA, human cells contain instructions. The instructions are made up of DNA, which is packed tightly into chromosomes. Each chromosome has thousands of segments called genes, which are passed down from parent to child.

Genetic changes or variants can cause disease. Early on-set Alzheimer's is an example of an inherited genetic disorder. However, according to the NIA, other variants may increase or decrease your risk. And we know that some people who develop Alzheimer's have no history of the disease in their family.

Myth 7. Now that I am older, I will have to give up driving.

The population of the United States is aging, and older adults continue to drive. According to Maryland Motor Vehicles, the state has more than 4.3 million licensed drivers. The largest group of license drivers as of 2020 was between 50 and 59 years, and drivers 65 years and older make up more than 17%.

When to turn in your keys is not the same for everyone and is something best discussed among family and your doctor. As you age, natural changes can occur like having slower response time, diminished vision or hearing and reduced strength or mobility.

The goal is to be safe, both for yourself and other drivers on the road.

According to Maryland Motor Vehicles, typical crashes involving older adults occur most often when turning left at an intersection with a stop sign; turning left at an intersection with a green light without a dedicated left turn arrow; turning right at a yield sign to merge with fast moving traffic; merging onto a highway from a ramp with a yield sign and changing lanes on a road with four or more lanes.

According to the NIA, common health conditions and the side effects of some medication may reduce your ability to drive safely.

Stiff joints and muscles can make it harder to turn your head to look behind, turn the steering wheel or brake. Poor

eyesight obviously can make it harder to see movement or people and items in your path. It might take longer to read a street sign. At night, the glare of oncoming headlights can be blinding and affect your driving abilities.

Trouble hearing can also cause problems. If you don't hear other cars horns or sirens, you may not get out of the way of danger in time. You also may not notice a mechanic problem that could lead to a dangerous situation or a breakdown.

Medications can make you drowsy or less alert than usual. Make sure you discuss this with your doctor so you know when it is safe to drive.

A first step to continue being a safe driver might be to limit your driving to daylight hours. Thanks to the ease of obtaining rides through rideshare services such as Uber and Lyft, you still can get to where you want to go.

AAA offers a RoadWise Driver Course, which is designed to help older adults adjust to age-related changes, thereby extending their driving years. The National Highway Traffic Safety Administration offers an online self-assessment to gauge our abilities. There are safe driving courses that not only will help but also might lower your car insurance bill.

And if you really want to know how you're driving, just ask a younger family member to come along for the ride. They often can be brutally honest.

According to the NIA, there are signs that it is time to stop driving. Obviously, if you have had a few accidents, or near misses, in the recent past, it may no longer be a good idea to get behind the wheel. You may think of them as just minor accidents that resulted in minor dents, but you can't be sure that is all that will happen.

If you have received two or more traffic tickets or warnings in the past two years, that is probably another warning sign. If your neighbors or loved ones are making comments about your driving, remember they have your best interest and safety at heart.

- Here is NIA's list of things to consider:
- Do other drivers often honk at me?
- Have I had some accidents even if just "fender benders"?
- Am I having trouble seeing road signs, exits or lane lines?
- Am I still flexible enough to turn my head to check mirrors and blind spots comfortably?
- Have physical conditions or medications slowed my reaction time?
- Do I get lost frequently, even on familiar roads?
- Do cars or pedestrians seem to appear out of nowhere?
- Am I often distracted while driving?
- Have family, friends or my doctor said they're worried about my driving?
- Am I driving less these days because I'm not as sure about my driving as I used to be?
- Do I have trouble staying in my lane?
- Do I have trouble moving my foot between the gas and the brake pedals, or do I sometimes confuse the two?
- Have I been pulled over by a police officer about my driving?

If you suddenly find other drivers seem to be performing

worse, cutting you off or driving aggressively, that could be true but it also might be due to your driving as well.

To stay safe, leave ample space between your car and the one in front of you. Plan your trip so you have time and not anxious. Perhaps choose a route that has less traffic or avoids fast moving vehicles on multi-lane highways.

Don't drive at night or when there is bad weather. If you must go out, use public transportation or ridesharing services. Of course, wear a seat belt, and don't use your cellphone.

Myth 8. Only women need to worry about osteoporosis.

Osteoporosis weakens bones to the point that they can break easily. It is called a "silent disease" because people who develop it may not notice any changes until a bone breaks — usually a bone in the hip, spine or wrist, according to the NIA.

Bones are made of living tissue. A healthy human body breaks down old bone and replaces it with new bone. Osteoporosis develops when more bone is broken down than replaced.

The inside of a bone looks something like a honeycomb. When someone has osteoporosis, the bone, which forms the walls of the honeycomb, get smaller and the spaces between the bone grow larger. The outer shell of the bone thins. This makes a bone weaker.

Osteoporosis is more common in women, but men can be affected. Men start with higher bone density than woman. Still, one in five men older than 50 will suffer an osteoporosis-related fracture. By the time people reach the age of 75, men and women lose bone mass at the same rate, according to the NIA.

Osteoporosis may be attributed to family history, a lack of adequate calcium or Vitamin D and not enough exercise. Many of the things that put men at risk are the same as for women. Low levels of testosterone, drinking too much alcohol, taking certain drugs and smoking also are risk factors.

Unlike many other medical conditions, osteoporosis often has no symptoms. Usually, people are not aware they have it until a minor bump or fall causes a bone to break.

Women over the age of 65 are recommended to have a test for osteoporosis. Those younger but who are at greater risk also should get tested. A bone density scan measures how strong bones are and compares your results to the bones of an average healthy person. Your T-score will indicate whether you have osteoporosis or osteopenia, which is low bone density that is less severe than osteoporosis.

Being diagnosed with osteoporosis doesn't mean you have to avoid all activities, although you should speak with your doctor about what is best. Medications can slow the spread of bone loss.

To help reduce the risk of breaking a bone, there are exercises to help prevent falls, which can cause a broken bone. You should exercise to improve your strength and balance. Remember to stand up slowly and use a cane or

walker if that helps you feel steadier. Another suggestion is to install night lights and grab bars in your bathroom. Also, remember to be extra careful using stairs or walking during inclement weather.

To help keep bones strong, eat a diet with calcium, Vitamin D and protein daily. Low-fat dairy, leafy green vegetables, fish, grains and fortified juices and milk are good sources of calcium. Talk to your doctor about taking a Vitamin D or calcium supplement.

Participate in weight-bearing exercises such as strength training, walking, hiking, jogging, climbing stairs, tennis and dancing. Don't smoke and limit alcohol consumption.

Myth 9 – I'm too old to quit smoking.

No matter how long you have been smoking, quitting improves your health. Smokers who kick the habit have fewer illnesses such as colds and flus, reduced rates of bronchitis and pneumonia and overall better feelings of well-being, according to the NIA.

The benefits start right away. Within a few hours, the carbon monoxide level in your blood begins to decline. Within a few weeks, your circulation improves as does your lung function. Quitting can lead to a lowering of heart rate and blood pressure over time. It reduces your risk of cancer, heart attack, stroke and lung disease. And your loved ones and caregivers will benefit, as their risk of

secondhand smoke exposure drops. Plus, you'll be setting a great example for your children and grandchildren.

While feeling better, breathing more easily, having more energy and you're saving all that money when you no longer purchase cigarette packages and cartons, you also will improve your sense of taste and smell and stop smelling like smoke.

According to research by the NIA, the National Institutes of Health, the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration, even if you are sixty or older and have been smoking most of your life, quitting will improve your health.

If that is not enough to convince you to stop, here are some of the many adverse results to continue smoking. One in about every five deaths in the United States annually is connected to smoking.

- According to the NIA, smoking causes:
- Lung disease. Smoking damages your lungs and airways, which can lead to chronic bronchitis and emphysema.
- Cancer. Smoking can lead to cancer of the lungs, mouth, larynx (voice box), esophagus, stomach, liver, pancreas, kidneys, bladder and cervix.
- Respiratory problems. If you smoke, you are more likely than a nonsmoker to get the flu, pneumonia, or other

infections that can interfere with your breathing.

- Osteoporosis. If you smoke, your chance of developing weak bones is greater.
- Eye diseases. Smoking can lead to vision loss and blindness, including cataracts and age-related macular degeneration (AMD).
- Diabetes. Smokers are more likely to develop type 2 diabetes than nonsmokers, and smoking makes it harder to control diabetes once you have it. Diabetes can lead to blindness, heart disease, nerve disease, kidney failure and amputations.
- Other medical problems. Smoking can make your muscles tire easily, make wounds harder to heal, increase the risk of erectile dysfunction in men and make your skin dull and wrinkled.

Unfortunately, quitting is not easy. The nicotine in tobacco is a drug. Smoking is addictive, and many who have quit continue to crave a cigarette for a long time.

Some of the symptoms of withdrawal include feeling grumpy, hungry or tired, having headaches, becoming depressed or having problems sleeping or concentrating. Not everyone experiences the same symptoms or to the same degree.

Once you have made the commitment to stop, think about the situations that trigger your urge to light up. Work

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Left to right, Derek Hawver and Diane Sahr, past Maplewood Co-op Board Presidents, Don Berlin, current Co-op Board President



on ways to cope with those cravings. Read self-help to stop smoking information, join individual or group counseling, ask a friend to be there for you or create a reward system for yourself. You'll have extra money when you stop buying the cigarettes so you should consider, at least at first, setting up a reward system.

Consider speaking with your doctor, who should have suggestions and also can prescribe medicines to help with nicotine withdrawal. There also are over the counter products. You can buy gum, patches or lozenges.

Not surprisingly, there are apps for quitting. Mobile quitting tools can text you messages and make the experience somewhat easier. SmokefreeTXT is a mobile text message system that offers around the clock encouragement, advice and tips.

QuitGuide is a smartphone app that helps support you through this journey and shares information through social media. It will let you know what to expect and how to deal with stopping.

QuitStart is an app that helps track your cravings, moods and progress. You can upload personalized pick me ups.

There are plenty of other useful apps, and the Jewish Council for the Aging doesn't recommend any particular ones. Check around and see what works best for you.

You may find yourself eating more and gaining weight. Try walking and exercising. It could also distract you from those cravings and help rebuild your stamina.

While this Senior Resources Guide speaks mostly about cigarettes, cigars, pipes, hookahs, chewing tobacco and snuff are not safe and should not be considered as alternatives. Smokeless tobacco causes cancer of the mouth and pancreas. Pipe and cigar smokers can develop cancer of the mouth, lips, larynx, esophagus and bladder.

When you inhale the smoke, you are at increased risk for lung cancer, heart disease, chronic bronchitis, chronic obstructive pulmonary disease and emphysema.

Electronic cigarettes, more commonly known as e-cigarettes, deliver nicotine,

flavor and other chemicals that are inhaled. They can contain harmful substances like lead and cancer-causing chemicals as well as nicotine. The U.S. Food and Drug Administration has not approved e-cigarettes as an aid to quit smoking.

Myth 10. My blood pressure has lowered or returned to normal so now I can stop taking my medication.

Blood pressure is the force of blood pushing against the walls of arteries as the heart pumps blood. The results of a blood pressure test contains two numbers. The first is the systolic blood pressure, which is caused by your heart contracting and pushing out blood. The second is diastolic. It is the pressure when your heart relaxes and fills with blood. The systolic number is the top number.

High blood pressure is common with older adults. If not treated, it can lead to serious health problems including stroke, heart disease and kidney disease. Medicine and lifestyle changes will help your blood pressure go down.

Even when you reach normal, acceptable levels, you should continue taking your prescribed medication or it could rise again.

High blood pressure — hypertension — is sometimes known as the silent killer, because it often doesn't cause signs of illness that you see or feel.

Low blood pressure — hypotension — occurs when your systolic blood pressure is lower than 90 or your diastolic blood pressure is lower than 60. This may cause you to feel lightheaded, weak or dizzy. You might even faint. Sometimes just drinking more fluids will be enough to raise your numbers.

Normal blood pressure for most adults is lower than 120 over less than 80.

Anyone, at any age, can have high blood pressure, but the chance of having high blood pressure does increase as you age. If you have a family history you are more likely to have high blood pressure. Also, African Americans are at increased risk as are men before the age of 55. Women are more likely to develop high blood pressure after menopause.

It is important to be checked routinely. If you develop high blood pressure, work with your doctor to come up with a plan that includes some or all of these suggestions of exercise, dietary changes and medications.

Lifestyle changes include dieting to achieve a healthy weight that is right for you. Moderate exercise such as brisk walking or swimming can lower high blood pressure. NIA recommends working your way up to exercising about two-and-a-half hours per week.

Eating healthy also is important. A balanced diet of vegetables, fruits, grains, protein, dairy and oils are recommended by the NIA. Try cutting back on your salt intake. As you age, your body and blood pressure becomes more sensitive to sodium, which is added to many foods. There are salt alternatives that may satisfy your tastes.

Drinking alcohol can affect blood pressure. Men should limit themselves to no more than two drinks a day while women should only have one a day, according to the NIA.

Stop — or don't start — smoking and get a good night's sleep. Manage your stress by meditating, taking yoga or walking in nature, for instance.

If your doctor prescribes medication, you may at first try different ones until you and your doctor find the one that's right for you. Medication can control your blood pressure, but it won't cure it. That is why getting fit and eating healthy is important. These may lower the dosage you take.

If you are taking medication for high blood pressure, take it at the same time each day. The NIA recommends you rise slowly from a seated or lying position or stand still for a little bit before walking. This gives your blood pressure time to adjust and will prevent lightheadedness and falls.

You may or may not have been aware of any, or all, of these 10 myths. But now that you are, they are good to keep in mind. The recommendations for many of them are quite similar. Stay physically and mentally active, eat healthy and keep a positive attitude. Push yourself a bit and you hopefully will be very pleased with yourself as you age. ■

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