### Section 6

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## Important Notes

- Age Pages, Workout to Go and other publications of the National Institute on Aging (NIA) can be found at [https://order.nia.nih.gov/](https://order.nia.nih.gov/) (accessed September 8, 2017); free copies of these publications (quantities dependent on availability) can be ordered via the webpage or by calling the NIA Service Center at 1-800-222-2225, Monday through Friday, 8:30 a.m. – 5:00 p.m. (EST)
- Balance Basics and Strong and Stable full color brochures can be purchased using the document 6.20
Anyone at any age can have a drinking problem. Uncle George always liked his liquor, so his family may not see that his drinking is getting worse as he gets older. Grandma Betty was a teetotaler all her life until she started having a drink each night to help her get to sleep after her husband died. Now, no one realizes that she needs a couple of drinks to get through each day.

These are common stories. The fact is that families, friends, and healthcare workers often overlook their concerns about older people drinking. Sometimes trouble with alcohol in older people is mistaken for other conditions related to aging, for example, a problem with balance. But, how the body handles alcohol can change with age. You may have the same drinking habits, but your body has changed.

Alcohol may act differently in older people than in younger people. Some older people can feel “high” without increasing the amount of alcohol they drink. This “high” can make them more likely to have accidents, including falls and fractures, and car crashes.

Drinking too much alcohol over a long time can:

✦ Lead to some kinds of cancer, liver damage, immune system disorders, and brain damage.

✦ Worsen some health conditions like osteoporosis, diabetes, high blood pressure, and ulcers.

✦ Make some medical problems hard for doctors to find and treat—for example, alcohol causes changes in the heart and blood vessels. These changes can dull pain that might be a warning sign of a heart attack.

✦ Cause some older people to be forgetful and confused—these symptoms could be mistaken for signs of Alzheimer’s disease.

Alcohol And Medicines

Many medicines—prescription, over-the-counter, or herbal remedies—
can be dangerous or even deadly when mixed with alcohol. Many older people take medications every day, making this a special worry. Before taking any medicine, ask your doctor or pharmacist if you can safely drink alcohol. Here are some examples of problems caused by mixing alcohol with some medicines:

✦ If you take aspirin and drink, your risk of stomach or intestinal bleeding is increased.
✦ When combined with alcohol, cold and allergy medicines (the label will say antihistamines) may make you feel very sleepy.
✦ Alcohol used with large doses of acetaminophen, a common painkiller, may cause liver damage.
✦ Some medicines, such as cough syrups and laxatives, have high alcohol content. If you drink at the same time, your alcohol level will go up.
✦ Alcohol used with some sleeping pills, pain pills, or anxiety/anti-depression medicine can be deadly.

How Much Alcohol Is Too Much?

Although everyone is different, the National Institute on Alcohol Abuse and Alcoholism, part of the National Institutes of Health, recommends that people over age 65 should have no more than seven drinks a week and no more than three drinks on any one day. Do you have a health problem? Are you taking certain medicines? You may need to drink less or not drink at all. Talk with your doctor.

When Does Drinking Become A Problem?

Some people have been heavy drinkers for many years. But, just as with Uncle George, over time the same amount of alcohol packs a more powerful punch. Other people, like Grandma Betty, develop a drinking problem later in life. Sometimes this is

**One drink is equal to one of the following:**

- One 12-ounce can or bottle of regular beer, ale, or wine cooler
- One 8- or 9-ounce can or bottle of malt liquor
- One 5-ounce glass of red or white wine
- One 1.5-ounce shot glass of hard liquor (spirits) like gin, vodka, or whiskey. The label on the bottle will say 80 proof or less.
a result of major life changes like death of dear friends or a loved one, moving to a new home, or failing health. These kinds of changes can cause loneliness, boredom, anxiety, or depression. In fact, depression in older adults often goes along with drinking too much.

Not everyone who drinks daily has a drinking problem. And, not all problem drinkers have to drink every day. You might want to get help if you, or a loved one, hides or lies about drinking, has more than seven drinks a week or more than three drinks in one day, or gets hurt or harms others when drinking.

Getting Help

Are you one of those people who should stop drinking due to health problems or medicines you need to take? If you want to stop drinking, there is help. Start by talking to your doctor. He or she may be able to give you advice about treatment. Your local health department or social services agencies may also be helpful. Here are some things you can try:

- Talk to a trained counselor who knows about alcohol problems in older people.
- Find a support group for older people with alcohol problems.
- Check out a 12-step program, like AA (Alcoholics Anonymous), that offers support to people who want to stop drinking.
- Locate an individual, family, or group therapy that works best for you.

Many older adults decide to quit drinking in later life. You can do it too. There are many things you can do to cut back or stop drinking. You can:

- Count how many ounces of alcohol you are getting in each drink.
- Keep track of the number of drinks you have each day.
- Decide how many days a week you want to drink. Plan some days that are free of alcohol.
- Pace yourself when you drink. Don’t have more than one alcoholic drink in an hour. In place of alcohol, drink water, juice, or soda.
- Make sure to eat when drinking. Alcohol will enter your system more slowly if you eat some food.
Ask for support from your family and advice from your healthcare provider. Get the help you need to quit.

Take time to plan ahead. Here are some things you can do:

- Develop interests that don’t involve alcohol.
- Avoid people, places, and times of day that may trigger your drinking.
- Plan what you will do if you have an urge to drink.
- Learn to say “no, thanks” when you’re offered an alcoholic drink.
- Remember to stay healthy for the fun things in life—the birth of a grandchild, a long hoped for trip, or a holiday party.

No one wants to get hurt or to hurt others as the result of too much alcohol. Yet, it can happen if you drink more than you should. Be aware of how your body changes as you age. Be alert to these changes, adjust how much alcohol you can safely drink, and continue to enjoy life to the fullest.

For More Information

Here are some helpful resources:

**Adult Children of Alcoholics**
P.O. Box 3216
Torrance, CA 90510
1-562-595-7813
[www.adultchildren.org](http://www.adultchildren.org)

**Alcoholics Anonymous (AA)**
Look up the AA number in your local phone book.

AA’s main office:
**A.A. World Services, Inc.**
P.O. Box 459
New York, NY 10163
1-212-870-3400
[www.aa.org](http://www.aa.org)

**Al-Anon**
For families of alcoholics, look up Al-Anon in your local phone book or call 1-888-425-2666 (toll-free) to find a meeting near you.

Al-Anon’s main office:
**Al-Anon Family Group Headquarters**
1600 Corporate Landing Parkway
Virginia Beach, VA 23454
1-757-563-1600
[www.al-anon.org](http://www.al-anon.org)
For more information on health and aging, contact:

**National Institute on Aging**
**Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
www.nia.nih.gov
www.nia.nih.gov/espanol

To sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
balance BASICS
What do I need to know BEFORE PERFORMING the balance activities?

Make sure that my muscles are really warmed up so the balance activities are easier to perform.

Perform the balance activities in the order they are presented.

Be sure to perform the standing balance activities while I am standing close to a sturdy chair in a corner of the room or close to a wall when performing the moving activities (#7, 8, 9, 10).
Make sure that my muscles are really warmed up so the balance activities are easier to perform.

Perform the balance activities in the order they are presented.

Be sure to perform the standing balance activities while I am standing close to a sturdy chair in a corner of the room or close to a wall when performing the moving activities (#7, 8, 9, 10).

Be sure to hold onto a sturdy chair when I place the ball under my foot for activity #2.

I should not increase the challenge of the
Place small towel under right foot while holding onto chair.

Stand tall and focus eyes on target at eye level.

Pull towel towards body using toes only. Push towel away from body until it is flat again.
Move towel to left foot and repeat.

**INCREASE CHALLENGE BY** using towel to spell-out words of increasing length with foot on the floor. Begin with three-letter words and increase to longer words with practice. Lightly hold onto chair until balance improves.
standing ball rolls

Place small ball (approx. 6 inches in diameter) under ball of right foot while holding onto chair.

Stand tall and focus eyes on target at eye level.

COMPLETE FOLLOWING MOVEMENT SEQUENCE:

* Roll ball forward and away from body until ball is under heel. Roll ball back towards body until ball is under forefoot again.
* Roll ball to side and away from body. Roll back towards starting position.
* Roll ball in a circle to the right and then to the left.
Repeat movement sequence with opposite foot.

Increase number of times sequence is performed as balance improves. Begin with 1-2 repetitions and increase to 5 on each foot.

Remove hand from chair as balance improves.
Position body 6-8 inches away from wall. **Stand tall** with back to the wall and **feet hip-width apart**. Focus eyes on vertical target at eye level.

Shift weight backwards through **right hip** until hip touches wall. Return to starting position.

Shift weight backwards through **both hips** until buttocks touch wall behind. Return to starting position.
Shift weight backwards through **left hip** until hip touches wall.

Upper body remains tall with **shoulders relaxed and level** throughout the activity. Adjust distance from wall until able to touch hip(s) to wall on each weight shift.

Repeat weight shift sequence 3-5 times. Increase standing distance from wall as balance improves.
shift around the clock

Stand tall with feet hip-width apart. Hold onto sturdy chair for support if needed and focus eyes on target at eye level.

Lean forward to following points on imaginary clockface on floor: 12 o’clock, 6 o’clock, 3 o’clock, 9 o’clock.

Return to start position after each lean. Stand tall with eyes focused on a vertical target.

Repeat movement sequence in # 2 but move through the start position to each number (e.g., 12 to 6; 6 to 3).

Lean to each of the following clockface positions: 1 o’clock, 7 o’clock, 11 o’clock, 5 o’clock.
Return to start position after each lean. Stand tall with eyes focused on a vertical target.

Repeat movement sequence in #5 but move through the start position (e.g., 1 to 7).

Combine both movement sequences. Return to start position on first few attempts and then lean through start position.

Repeat all sequences with eyes closed as balance improves.
Stand tall with feet hip-width apart. Hold onto sturdy chair for support if needed.

Focus eyes on a vertical target at eye level during each standing activity.

Bring feet together until toes and heels are (or almost) touching. Hold position for 10-30 seconds. Return feet to starting position.

Move right foot forward so that heel of right foot is forward of toes of left foot. Shift weight forward until belly button is positioned between heel and toes. Hold position for 10-30 seconds. Return
to starting position. Repeat activity with opposite foot in forward position.

Move right foot directly in front of left foot so that heels and toes are (or almost) touching. Shift weight forward until belly button is directly above heels and toes. Hold position for 10-30 seconds. Return to starting position. Repeat activity with opposite foot in forward position.

Shift weight over right foot and lift left foot off the floor. Hold position for 10-30 seconds. Lower foot to floor and repeat with opposite leg.

Repeat each standing activity with eyes closed as balance improves.

Remove hand from chair as balance improves.
march in-place with head turns

Stand tall with feet hip-width apart. Focus eyes on target at eye level.

Begin marching for 8 counts with eyes directed forward. Continue marching for additional 8 counts while turning head one-quarter turn to the right. Turn the head back to a forward position while continuing to march for 8 counts. Turn head one-quarter turn to left while continuing to march for 8 counts.

Focus eyes on new target at eye level with each
head turn.

Repeat marching activity but reduce number of marches to 4 and then 2 counts as balance improves.

Repeat steps #2 through 4 but turn head AND body one-quarter turn with each turn of head.

As balance continues to improve, turn head BEFORE the body on each quarter turn.
walk with head turns

Stand tall with feet hip-width apart and close to a wall. Focus eyes on target at eye level.

Begin walking for 8 counts. Turn head one-quarter turn to right while continuing to walk for 8 counts. Turn the head back to a forward position and continue walking for 8 counts.

Turn head to the left one-quarter turn while walking for 8 counts. Continue walking for 8 counts and return head to forward position.

Focus eyes on new target at eye level with each
head turn.

Repeat walk-with-head-turns activity but reduce number of marches to 4 and then 2 counts as balance improves.

Repeat walk-with-head-turns activity but turn head one-quarter turn to right for 8 (4, or 2 counts) and then immediately to the left for 8 (4, or 2 counts) without stopping in forward position.
toe walking

1. Stand tall with feet hip-width apart and close to a wall. Focus eyes on target at eye level.

2. Rise up onto balls of feet and begin walking forward.
Keep body tall and shoulders directly above hips.

Chin is parallel to floor and ears are directly above shoulders.
1. Stand tall with feet hip-width apart and close to a wall. Focus eyes on target at eye level.

2. Lift balls of feet off floor and begin walking forward on heels.
Keep body tall and shoulders directly above hips.

Chin is parallel to floor and ears are directly above shoulders.
directional walking

Stand tall with feet hip-width apart and close to a wall. Focus eyes on a target at eye level.

PRACTICE THE FOLLOWING WALKING PATTERNS:

* Zig-zag.
* Figure-eight. Try to make both loops of the 8 the same size when walking.
* Spiral. Begin with a large spiral pattern, making spiral progressively smaller and smaller with each complete turn.
Reverse direction of spiral, making spiral progressively larger with each complete turn. Repeat while walking in opposite direction.

Repeat each directional walking pattern while walking on toes.
assumption of risk

The distribution of this Balance Basics activity guide by the Fall Prevention Center of Excellence is done as a service to older adults to promote activities that may lower the risk for falls.

Before engaging in any physical activity program, you should consult your primary care physician. If any of the following apply, you should not perform these activities without permission from your Doctor:

1) Your Doctor has advised you not to perform
physical activity because of your medical condition(s),

2) You are experiencing dizziness or experiencing tightness, pressure, pain, or heaviness in your chest when you perform physical activity,

3) You have been told you have congestive heart failure or have uncontrolled blood pressure (160/100 or above).

If you choose to perform any of the Balance Basics activities in this guide, you are assuming the inherent risks, and may not hold the Fall Prevention Center of Excellence or any person who sponsors, promotes, or distributes these exercise guides liable for injury or harm.
Older Adults and Depression

Learn the signs and find treatment.

Do you feel very tired, helpless, and hopeless?
Have you lost interest in many of the activities and interests you previously enjoyed?
Are you having trouble working, sleeping, eating, and functioning?
Have you felt this way day after day?

If you answered yes, you may be experiencing depression.

As you get older, you may go through a lot of changes—death of loved ones, retirement, stressful life events, or medical problems. It’s normal to feel uneasy, stressed, or sad about these changes. But after adjusting, many older adults feel well again.

Depression is different. It is a medical condition that interferes with daily life and normal functioning. It is not a normal part of aging, a sign of weakness, or a character flaw. Many older adults with depression need treatment to feel better.

Types of Depression

There are several types of depression. The most common include:

- **Major Depression**—severe symptoms that interfere with your ability to work, sleep, concentrate, eat, and enjoy life. Some people may experience only a single episode within their lifetime, but more often, a person may experience multiple episodes.

- **Persistent Depressive Disorder (Dysthymia)**—depression symptoms that are less severe than those of major depression, but last a long time (at least two years).

- **Minor Depression**—depression symptoms that are less severe than those of major depression and dysthymia, and symptoms do not last long.

Do you know the signs?

Depression may sometimes be undiagnosed or misdiagnosed in some older adults because sadness is not their main symptom. They may have other, less obvious symptoms of depression or they may not be willing to talk about their feelings. It is important to know the signs and seek help if you are concerned.
Depression has many symptoms, including physical ones. If you have been experiencing several of the following symptoms for at least two weeks, you may be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Loss of interest or pleasure in hobbies and activities
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or unintended weight changes
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

**Is it Grief or Depression?**

Grief after loss of a loved one is a normal reaction to loss and generally does not require mental health treatment. However, grief that lasts a very long time or is unusually severe following a loss may require treatment.

**Risk Factors**

Although most cases of depression are diagnosed in young adults, depression can occur at any age. Certain people are at a higher risk for developing depression. If you are an older adult, you may be at a higher risk if you:

- are female
- have a chronic medical illness, such as cancer, diabetes or heart disease
- have a disability
- sleep poorly
- are lonely or socially isolated

You may also be at a higher risk if you:

- have a personal or family history of depression
- use certain medications
- suffer from a brain disease
- Misuse alcohol or drugs,
- Have experienced stressful life events such as loss of a spouse, divorce, or taking care of someone with a chronic illness

**How do I get help?**

If you think that you or a loved one may have depression, it is important to seek treatment. A person with depression cannot simply “snap out of it”—it is a medical condition that affects your quality of life. Depression can also lead to suicide, particularly if left untreated, and you are more likely to develop a physical illness if you have depression.

The good news is that, in most cases, depression is treatable in older adults. The right treatment may help improve your overall health and quality of life. With the right treatment, you may begin to see improvements as early as two weeks from the start of your therapy. Some symptoms may start to improve within a week or two, but it may be several weeks before you feel the full effect.

**Talking to Your Doctor**

If you think you have depression, the first step is to talk to your doctor or health care provider. Your doctor will review your medical history and do a physical exam to rule out other conditions that may be causing or contributing to your depression symptoms. He or she may also ask you a series of
Antidepressants may cause other side effects that are not included in this list. Most side effects lessen over time. If you are taking antidepressants, talk to your doctor about any side effects that you are experiencing, especially if they are new, worsen over time, or worry you. Often, temporarily lowering the dose or switching to a different medication will help when side effects are problematic. If you have thoughts of suicide or experience any unusual changes in mood and behavior, call your doctor right away.

People over 65 have to be careful when taking medications, especially when they’re taking medications for different conditions. Older adults have a higher risk for experiencing bad drug interactions, missing doses, or overdosing. Be sure to tell every doctor you see about all of the medications you are being prescribed. It is also a good idea to get all of your medications from the same pharmacy; pharmacists are excellent sources of information about medications and will alert you and your doctors if there are concerns about a possible interaction between medications—which can happen inadvertently when a doctor is not familiar with a medication being prescribed for a different condition by a different health care provider.

**Medication**

Medications called antidepressants can work well to treat depression. While some symptoms usually begin to improve within a week or two, they can take several weeks to work fully. As with most medications, many people experience some side effects, which in most cases can be managed or minimized. The most common side effects of antidepressants include:

- Nausea and vomiting
- Weight gain
- Diarrhea
- Sleepiness
- Sexual problems

Older adults also tend to be more sensitive to medications. Therefore, lower or less frequent doses may be needed. Before starting a medication, older adults and their family members should talk with a doctor about whether a medication can affect alertness, memory, or coordination, and how to help ensure that prescribed medications do not increase the risk of falls. If you have trouble remembering to take multiple doses of medicines throughout the day, your doctor may want to prescribe one of the antidepressants that require just one dose daily;
either way, antidepressants must be taken every single day, not just “as needed.”

**If you are taking antidepressants, it is important to not stop taking them without the help of a doctor.**

Even after you are feeling back to yourself, antidepressants should be continued for a number of months to prevent depression symptoms from returning. When it is time to stop the medication, the doctor will help you slowly and safely decrease the dose. It’s important to give the body time to adjust to the change. People don’t get addicted to (or “hooked on”) these medications, but stopping them abruptly may cause withdrawal symptoms.

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**Psychotherapy**

Psychotherapy (or “talk therapy”) can also be an effective treatment for depression. It helps by teaching new ways of thinking and behaving, and changing habits that may contribute to the depression. Psychotherapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse. Research shows that cognitive-behavioral therapy (CBT), including a version called problem-solving therapy, may be an especially useful type of psychotherapy for treating older adults and improving their quality of life.

Research also suggests that for older adults, psychotherapy is just as likely to be an effective first treatment for depression as taking an antidepressant. Some older adults prefer to get counseling or psychotherapy for depression rather than add more medications to those they are already taking for other conditions. However, if your depression is severe or if you are coping with other serious illnesses, medication or a combination of medications with psychotherapy may be a more effective approach.

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**Complementary Therapies**

Examples of complementary therapies for depression include yoga, exercise, and certain dietary supplements. These therapies may offer some benefits for people with depression; however, they should not replace talking to your health care professional or continuing with the treatment plan determined with that doctor. Tell your health care professional about any complementary health approaches you use or plan to use. This will help ensure your safety. Physical activity is a helpful part of any treatment plan for depression, and may become easier to add as a person starts to feel better as antidepressant medication and/or psychotherapy begin to work. Talk to your health care professional about your options and visit the National Center for Complementary and Integrative Health to learn more about these types of therapies: [www.nccih.nih.gov](http://www.nccih.nih.gov).

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**Electroconvulsive Therapy (ECT)**

Electroconvulsive therapy (ECT) is sometimes used for severe depression that is very difficult to treat and does not respond to medication or psychotherapy. ECT is a type of brain stimulation therapy, a class of treatments which involve activating the brain directly with electricity, magnets, or implants. Some of these treatments are still at the experimental stage. If your depression persists despite adequate trials of medication, or if your depression is so severe that you are unable to eat or you develop false, fixed beliefs (“delusions”) about your illness, your doctor may recommend ECT as the best option. Although it has been in use for almost 80 years, ECT remains the strongest and fastest-acting treatment for severe depression.

Despite ECT’s efficacy and safety record in older adults, many misconceptions still persist among both patients and health care professionals. ECT can be safe and highly effective for severe, treatment-resistant depression, as well as a variety of other serious mental disorders. ECT may cause side effects, such as confusion and memory loss. Although these side effects are usually short-term, they can sometimes linger.

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**Beyond Treatment: What You Can Do**

As you continue treatment, you may gradually start to feel better. Remember that if you are taking
medication, it may take several weeks for it to start working. If the first medication does not work, be open to trying another. You may need to try a few different medications before finding one that works for you. Sometimes, if an antidepressant medication is only partially effective, adding a second medication of a different type can be helpful.

Try to do things that you used to enjoy before you had depression. Studies have shown that doing these things, even when you don’t expect to enjoy them, can help lift your spirits. Go easy on yourself. Other things that may help:

► Break up large tasks into small ones, and do what you can as you can. Don’t try to do too many things at once.
► Spend time with other people and talk to a friend or relative about your feelings.
► Stick to your treatment plan. It will take time for treatment to work.
► Discuss decisions with others who know you well. Do not make important life decisions until you feel better.

### If you are having suicidal thoughts

Older adults with depression are at risk for suicide. If you are thinking about harming yourself or attempting suicide, tell someone who can help immediately.

► Call your doctor.
► Call 911 for emergency services.
► Go to the nearest hospital emergency room.
► Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TALK (4889) to be connected to a trained counselor at a suicide crisis center nearest you.

### How do I help someone with depression?

If you know someone who has depression, first help him or her see a doctor or mental health professional. Several ways you can help an older adult with depression is to:

► Offer support, understanding, patience, and encouragement.
► Help keep track of his or her appointments and weekly “pillbox” if possible because many older adults with depression may not be thinking clearly.
► Try to make sure he or she has a way of getting to doctor visits.
► Talk to him or her, and listen carefully.
► Never ignore comments about suicide, and report them to your loved one’s therapist or doctor.
► Invite him or her out for walks or outings, or to engage in indoor activities with you.
► Remind him or her that, with time and treatment, the depression will lift.

### Where can I find more information?

NIMH has a variety of publications on depression available at [www.nimh.nih.gov/health/publications/](http://www.nimh.nih.gov/health/publications/). If you need additional information and support, you may find the following resources to be helpful:

#### Clinical Trials and You

Clinical trials are part of clinical research and at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. All clinical trials have particular requirements to match potential subjects with studies, such as age range or acceptable other conditions/medications. To learn more about participating in a clinical trial, please visit [www.nih.gov/health/clinicaltrials/index.htm](http://www.nih.gov/health/clinicaltrials/index.htm) and...
use search terms such as “geriatric depression” or “depression and older adults.”

**Locate Affordable Health Care in Your Area**
Within the Federal Government, a bureau of the Health Resources and Services Administration (HRSA) provides a Health Center Database for a nationwide directory of clinics to obtain low or no-cost health care. Start your search at [www.findahealthcenter.hrsa.gov/](http://www.findahealthcenter.hrsa.gov/).

**Mental Health Treatment Program Locator**
The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Mental Health Treatment Program Locator, which is an online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental disorders. Find a facility in your state at [www.findtreatment.samhsa.gov/](http://www.findtreatment.samhsa.gov/).

**NIHSeniorHealth.Gov**
NIHSeniorHealth.gov is a website for older adults that makes aging-related health information easily accessible for family members and friends seeking reliable, easy-to-understand online health information. This site was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM), both part of the National Institutes of Health (NIH). Visit at [www.nihseniorhealth.gov/](http://www.nihseniorhealth.gov/).

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Bethesda, MD 20892-9663
Phone: 301-443-4513 or 1-866-615-NIMH (6464) toll-free
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FAX: 301-443-4279
E-mail: nimhinfo@nih.gov
Website: www.nimh.nih.gov

[NIH Publication No. QF 16-7697]
Dietary Supplements

Bill’s retired and lives alone. Often he’s just not hungry or is too tired to fix a whole meal. Does he need a multivitamin, or should he take one of those dietary supplements he sees in ads everywhere? Bill wonders if they work—will one help keep his joints healthy or another give him more energy? And, are they safe?

What Is a Dietary Supplement?

Dietary supplements are substances you might use to add nutrients to your diet or to lower your risk of health problems, like osteoporosis or arthritis. Dietary supplements come in the form of pills, capsules, powders, gel tabs, extracts, or liquids. They might contain vitamins, minerals, fiber, amino acids, herbs or other plants, or enzymes. Sometimes, the ingredients in dietary supplements are added to foods, including drinks. A doctor’s prescription is not needed to buy dietary supplements.

Should I Take a Dietary Supplement?

Do you need one? Maybe you do, but usually not. Ask yourself why you think you might want to take a dietary supplement. Are you concerned about getting enough nutrients? Is a friend, a neighbor, or someone on a commercial suggesting you take one? Some ads for dietary supplements in magazines or on TV seem to promise that these supplements will make you feel better, keep you from getting sick, or even help you live longer. Sometimes, there is little, if any, good scientific research supporting these claims. Dietary supplements may give you nutrients that might be missing from your daily diet. But eating a variety of healthy foods is the best way to get the nutrients you need. Supplements may cost a lot, could be harmful, or simply might not be helpful. Some supplements can change how medicines you may already be taking will work. You should talk to your doctor or a registered dietitian for advice.

What If I’m Over 50?

People over 50 may need more of some vitamins and minerals than younger adults do. Your doctor or a dietitian can tell you whether you need
to change your diet or take vitamins or minerals to get enough of these:

- **Vitamin B\textsubscript{12}**. Vitamin B\textsubscript{12} helps keep your red blood cells and nerves healthy. Vitamin B\textsubscript{12} is mainly found in fish, shellfish, meat, and dairy products. As people grow older, some have trouble absorbing vitamin B\textsubscript{12} naturally found in food. They can choose foods, like fortified cereals, that have this vitamin added or use a B\textsubscript{12} supplement.

- **Calcium**. Calcium works with vitamin D to keep bones strong at all ages. Bone loss can lead to fractures in both older women and men. Calcium is found in milk and milk products (fat-free or low-fat is best), canned fish with soft bones, dark-green leafy vegetables like kale, and foods with calcium added like breakfast cereals.

- **Vitamin D**. Some people’s bodies make enough vitamin D if they are in the sun for 10 to 15 minutes at least twice a week. But, if you are older, you may not be able to get enough vitamin D that way. Try adding vitamin D-fortified milk and milk products, vitamin D-fortified cereals, and fatty fish to your diet, and/or use a vitamin D supplement.

- **Vitamin B\textsubscript{6}**. This vitamin is needed to form red blood cells. It is found in potatoes, bananas, chicken breasts, and fortified cereals.

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### Different Vitamin and Mineral Recommendations for People Over 50 (2010)

The National Academy of Sciences recommends how much of each vitamin and mineral men and women of different ages need. Sometimes, the Academy also tells us how much of a vitamin or mineral is too much.

- **Vitamin B\textsubscript{12}** — 2.4 mcg (micrograms) each day (if you are taking medicine for acid reflux, you might need a different form, which your healthcare provider can give you)
- **Calcium** — Women over 50 need 1,200 mg (milligrams) each day, and men need 1,000 mg between age 51 and 70 and 1,200 mg after 70, but not more than 2,000 mg a day.
- **Vitamin D** — 600 IU (International Units) for people age 51 to 70 and 800 IU for those over 70, but not more than 4,000 IU each day
- **Vitamin B\textsubscript{6}** — 1.7 mg for men and 1.5 mg for women each day

When thinking about whether you need more of a vitamin or mineral, think about how much of each nutrient you get from food and drinks, as well as from any supplements you take. Check with a doctor or dietitian to learn whether you need to supplement your diet.
What Are Antioxidants?

You might hear about antioxidants in the news. These are natural substances found in food that might help protect you from some diseases. Here are some common sources of antioxidants that you should be sure to include in your diet:

- **beta-carotene**—fruits and vegetables that are either dark green or dark orange
- **selenium**—seafood, liver, meat, and grains
- **vitamin C**—citrus fruits, peppers, tomatoes, and berries
- **vitamin E**—wheat germ, nuts, sesame seeds, and canola, olive, and peanut oils

Right now, research results suggest that large doses of supplements with antioxidants will not prevent chronic diseases such as heart disease or diabetes. In fact, some studies have shown that taking large doses of some antioxidants could be harmful. Again, it is best to check with your doctor before taking a dietary supplement.

What About Herbal Supplements?

Herbal supplements are dietary supplements that come from plants. A few that you may have heard of are ginkgo biloba, ginseng, echinacea, and black cohosh. Researchers are looking at using herbal supplements to prevent or treat some health problems. It’s too soon to know if herbal supplements are both safe and useful. But, studies of some have not shown benefits.

Are Dietary Supplements Safe?

Scientists are still working to answer this question. The U.S. Food and Drug Administration (FDA) checks prescription medicines, such as antibiotics or blood pressure medicines, to make sure they are safe and do what they promise. The same is true for over-the-counter drugs like pain and cold medicines.

But the FDA does not consider dietary supplements to be medicines. The FDA does not watch over dietary supplements in the same way it does prescription medicines. The Federal Government does not regularly test what is in dietary supplements. So, just because you see a dietary supplement on a store shelf does not mean it is safe, that it does what the label says it will, or that it contains what the label says it contains.
If the FDA receives reports of possible problems with a supplement, it will issue warnings about products that are clearly unsafe. The FDA may also take these supplements off the market. The Federal Trade Commission looks into reports of ads that might misrepresent what dietary supplements do.

A few private groups, such as the U.S. Pharmacopeia (USP), NSF International, ConsumerLab.com, and the Natural Products Association (NPA), have their own “seals of approval” for dietary supplements. To get such a seal, products must be made by following good manufacturing procedures, must contain what is listed on the label, and must not have harmful levels of things that don’t belong there, like lead.

What’s Best for Me?

If you are thinking about using dietary supplements:

- **Learn.** Find out as much as you can about any dietary supplement you might take. Talk to your doctor, your pharmacist, or a registered dietitian. A supplement that seemed to help your neighbor might not work for you. If you are reading fact sheets or checking websites, be aware of the source of the information. Could the writer or group profit from the sale of a particular supplement? For more information from the National Institute on Aging about choosing reliable health information websites, see *For More Information.*

- **Remember.** Just because something is said to be “natural” doesn’t also mean it is either safe or good for you. It could have side effects. It might make a medicine your doctor prescribed for you either weaker or stronger.

- **Tell your doctor.** He or she needs to know if you decide to go ahead and use a dietary supplement. Do not diagnose or treat your health condition without first checking with your doctor.

- **Buy wisely.** Choose brands that your doctor, dietitian, or pharmacist says are trustworthy. Don’t buy dietary supplements with ingredients you don’t need. Don’t assume that more is better. It is possible to waste money on unneeded supplements.

- **Check the science.** Make sure any claim made about a dietary supplement is based on scientific proof. The company making the dietary supplement should be able to send you information on the safety and/or effectiveness of the ingredients in a product, which you can then discuss with your doctor. Remember that if something sounds too
good to be true, it probably is.

What Can I Do to Stay Healthy?

Here’s what one active older person does:

When she turned 60, Pearl decided she wanted to stay healthy and active as long as possible. She was careful about what she ate. She became more physically active. Now she takes a long, brisk walk 3 or 4 times a week. In bad weather, she joins the mall walkers at the local shopping mall. On nice days, Pearl works in her garden. When she was younger, Pearl stopped smoking and started using a seatbelt. She’s even learning how to use a computer to find healthy recipes. Last month, she turned 84 and danced at her granddaughter’s wedding!

Try following Pearl’s example—stick to a healthy diet, be physically active, keep your mind active, don’t smoke, see your doctor regularly, and, in most cases, only use dietary supplements suggested by your doctor or pharmacist.

For More Information

Here are some helpful resources:

**Department of Agriculture**
Food and Nutrition Information Center
National Agricultural Library
10301 Baltimore Avenue, Room 108
Beltsville, MD 20705
1-301-504-5414
http://fnic.nal.usda.gov

**Federal Trade Commission**
600 Pennsylvania Avenue, NW
Washington, DC 20580
1-877-382-4357 (toll-free)
1-866-653-4261 (TTY/toll-free)
www.consumer.ftc.gov/topics/healthy-living

**Food and Drug Administration**
Center for Food Safety and Applied Nutrition
5100 Paint Branch Parkway
College Park, MD 20740
1-888-723-3366 (toll-free)
www.fda.gov/AboutFDA/CentersOffices/OfficeofFoods/CFSAN

**National Center for Complementary and Alternative Medicine**
NCCAM Clearinghouse
P.O. Box 7923
Gaithersburg, MD 20898
1-888-644-6226 (toll-free)
1-866-464-3615 (TTY/toll-free)
www.nccam.nih.gov
For information on exercise, nutrition, and health scams and other resources on health and aging, contact:

**National Institute on Aging Information Center**  
P.O. Box 8057  
Gaithersburg, MD 20898-8057  
1-800-222-2225 (toll-free)  
1-800-222-4225 (TTY/toll-free)  
www.nia.nih.gov  
www.nia.nih.gov/espanol

To sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
At age 78, Sheila thinks she’s a good driver, and she would like to stay that way. But lately, she has been in minor accidents. Sheila wonders how she can stay safe behind the wheel. Will taking a class for older drivers help?

You may have asked yourself this question, or maybe a family member or friend has asked about your driving. Getting older doesn’t make you a bad driver: But you should know there are changes that may affect driving skills over time.

Your Body

As you age, your joints may get stiff, and your muscles may weaken. This can make it harder to turn your head to look back, turn the steering wheel quickly, or brake safely.
What you can do:

- See your doctor if you think that pain or stiffness gets in the way of your driving.
- If possible, drive a car with automatic transmission, power steering, power brakes, and large mirrors.
- Be physically active or exercise to keep and even improve your strength and flexibility.

Your Vision

Your eyesight may change as you get older. At night, you may have trouble seeing things clearly. Glare can also be a problem—from oncoming headlights, street lights, or the sun. It might be harder to see people, things, and movements outside your direct line of sight. It may take you longer to read street or traffic signs or even recognize familiar places. Eye diseases, such as glaucoma, cataracts, and macular degeneration, as well as some medicines may also change your vision.

What you can do:

- The American Academy of Ophthalmology recommends you have your vision checked at age 40. Your eye doctor will then tell you how often you should come back. Then, if you are 65 or older, see your eye doctor every 1 to 2 years. There are many vision problems your doctor can treat.
- Talk to your eye doctor if you can’t see well enough to drive because you have a cataract. You might need surgery to remove the cataract.
- If you need glasses or contact lenses to see far away while driving, make sure your prescription is correct. And always wear them when you are driving.
- Cut back on night driving if you are having trouble seeing in the dark.

Your Hearing

Your hearing may change, making it harder to notice horns, sirens, or noises from your own car. That can be a problem because these sounds warn you when you may need to pull over or get out of the way. It is important that you hear them.

What you can do:

- Have your hearing checked. The American Speech-Language-Hearing Association recommends doing this every 3 years after age 50. Your doctor can treat some hearing problems.
- Get a hearing aid to help—don’t forget to use it when you drive.
Try to keep the inside of the car as quiet as possible while driving.
Pay attention to the warning lights on the dashboard. They may let you know when something is wrong with your car.

Your Reactions

In order to drive safely, you should be able to react quickly to other cars and people on the road. You need to be able to make decisions and to remember what to do. Being able to make quick decisions while driving is important so you can avoid accidents and stay safe. Changes over time might slow how fast you react. You may find that your reflexes are getting slower. Stiff joints or weak muscles can make it harder to move quickly. Your attention span may be shorter. Or, it might be harder for you to do two things at the same time.

What you can do:

- Leave more space between you and the car in front of you.
- Start braking early when you need to stop.
- Avoid high-traffic areas when you can.
- If you must drive on a fast-moving highway, drive in the right-hand lane. Traffic moves more slowly there. This might give you more time to make safe driving decisions.
- Take a defensive driving course. AARP, American Automobile Association (AAA), or your car insurance company can help you find a class near you.
- Be aware of how your body and mind might be changing, and talk to your doctor about any concerns.

Your Health

Some health problems can make it harder for people of any age to drive safely. But other conditions that are more common as you get older can also make driving difficult. For example, Parkinson’s disease, stroke, and arthritis can interfere with your driving abilities. At some point, someone with health problems may feel that he or she is no longer a good driver and may decide to stop driving.

People with illnesses like Alzheimer’s disease or other types of dementia may forget how to drive safely. They also may forget how to find a familiar place like the grocery store or even home. In the early
stages of Alzheimer’s, some people are able to keep driving safely for a while. But, as memory and decision-making skills worsen, driving will be affected. If you have dementia, you might not be able to tell that you are having driving problems. Family and friends may give you feedback about your driving. Doctors can help you decide whether it’s safe to keep driving.

*What you can do:*

♦ Tell a family member or your doctor if you become confused while driving.

**Your Medications**

Do you take any medicines that make you feel drowsy, light-headed, or less alert than usual? Medications can have side effects. People tend to take more medicines as they age, so pay attention to how these drugs may affect your driving.

*What you can do:*

♦ Read the medicine labels carefully, and pay attention to any warnings.
♦ Make a list of all your medicines, and talk to a doctor or pharmacist about how they may affect your driving.
♦ Don’t drive if you feel light-headed or drowsy.

**Are You A Safe Driver?**

Maybe you already know that driving at night, on the highway, or in bad weather is a problem for you. Older drivers can also have problems when yielding the right of way, turning (especially making left turns), changing lanes, passing, and using expressway ramps.

*What you can do:*

♦ When in doubt, don’t go out. Bad weather like rain or snow can make it hard for anyone to drive. Try to wait until the weather is better, or use buses, taxis, or other transportation services available in your community.
♦ Look for different routes that can help you avoid places where driving can be a problem. Left turns can be quite dangerous because you have to check so many things at the same time. You could plan routes to where you want to go so that you only need to make right turns.
♦ Have your driving skills checked. There are driving programs and clinics that can test your driving and also...
make suggestions about improving your driving skills.

- Update your driving skills by taking a driving refresher course. *(Hint: Some car insurance companies may lower your bill when you pass this type of class.)*

**Is It Time To Give Up Driving?**

We all age differently. For this reason, there is no way to set one age when everyone should stop driving. So, how do you know if you should stop? To help you decide, ask yourself:

- Do other drivers often honk at me? Have I had some accidents, even if they are only “fender benders”?
- Do I get lost, even on roads I know?
- Do cars or people walking seem to appear out of nowhere?
- Have family, friends, or my doctor said they are worried about my driving?
- Am I driving less these days because I am 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 confuse the two?

If you answered yes to any of these questions, it may be time to think about whether or not you are still a safe driver.

**How Will You Get Around?**

Are you worried that, if you stop driving, you won’t be able to do the things you want and need to do? You’re not alone. Many people have this concern, but there may be more ways to get around than you think. For example, some areas offer free or low-cost bus or taxi service for older people. Some communities also have carpools that you can join without a car. Religious and civic groups sometimes have volunteers who will drive you where you want to go. Your local Area Agency on Aging can help you find services in your area. Call 1-800-677-1116, or go to www.eldercare.gov to find the nearest Area Agency on Aging.

You can also think about taking taxis. Sound pricey? Don’t forget—it costs a lot to own a car. If you don’t have to buy a car or pay for insurance, maintenance, gas, oil, or other car expenses, then you may be able to afford to take taxis or other public transportation. You can also help buy gas for friends or family who give you rides.
More Tips For Safe Driving

Planning before you leave:

✧ Plan to drive on streets you know.
✧ Limit your trips to places that are easy to get to and close to home.
✧ Take roads that will avoid risky spots like ramps and left turns.
✧ Add extra time for travel if driving conditions are bad.
✧ Don’t drive when you are stressed or tired.

While you are driving:

✧ Always wear your seat belt.
✧ Stay off the cell phone.
✧ Avoid distractions such as eating, listening to the radio, or having conversations.
✧ Make sure there is enough space behind your car. (Hint: If someone follows you too closely, slow down and pull over if needed to let that person pass you.)
✧ Use your window defrosters to keep both the front and back windows clear.
✧ Keep your headlights on at all times.

Car safety:

✧ Drive a car with air bags.
✧ Check your windshield wiper blades often and replace them when needed.
✧ Keep your headlights clean and aimed in the right direction.
✧ Think about getting hand controls for both the gas and brake pedals if you have leg problems.
For More Information

Making decisions about your driving skills is hard, but it is important to find the safest option for you and the others who share the road with you.

Here are some helpful resources.

**AAA Foundation for Traffic Safety**
607 14th Street, NW, Suite 201
Washington, DC 20005
1-202-638-5944
[www.seniordrivers.org](http://www.seniordrivers.org)

**AARP**
601 E Street, NW
Washington, DC 20049
1-888-227-7669 (toll-free)
[www.aarp.org/families/driver_safety](http://www.aarp.org/families/driver_safety)

**Administration on Aging**
Washington, DC 20201
1-202-619-0724
[www.aoa.gov](http://www.aoa.gov)

**American Association of Motor Vehicle Administrators**
4301 Wilson Boulevard, Suite 400
Arlington, VA 22203
1-703-522-4200
[www.granddriver.info](http://www.granddriver.info)

**Federal Highway Administration**
Office of Safety - HSSI, E71-318
1200 New Jersey Avenue, SE
Washington, DC 20590
1-202-366-6836

**The Hartford**
One Hartford Plaza
690 Asylum Avenue
Hartford, CT 06115
1-860-547-5000
[www.thehartford.com/alzheimers](http://www.thehartford.com/alzheimers)

For more information on health and aging, contact:

**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
[www.nia.nih.gov](http://www.nia.nih.gov)
[www.nia.nih.gov/espanol](http://www.nia.nih.gov/espanol)
To sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to have the text read out loud or to make the type larger.
Falls and Fractures

A simple thing can change your life—like tripping on a rug or slipping on a wet floor. If you fall, you could break a bone, like thousands of older men and women do each year. A broken bone might not sound awful. But, for older people, a break can be the start of more serious problems.

Many things can cause a fall. Your eyesight, hearing, and reflexes might not be as sharp as they were when you were younger. Diabetes, heart disease, or problems with your thyroid, nerves, feet, or blood vessels can affect your balance. Some medicines can cause you to feel dizzy or sleepy, making you more likely to fall.

But don’t let a fear of falling keep you from being active. Doing things like getting together with friends, gardening, walking, or going to the local senior center helps you stay healthy. The good news is that there are simple ways you can prevent most falls.

Take The Right Steps

If you take care of your overall health, you may be able to lower your chances of falling. Most of the time, falls and accidents don’t “just happen.” Here are a few hints that will help you avoid falls and broken bones:

- Stay physically active. Plan an exercise program that is right for you. Regular exercise improves muscles and makes you stronger. It also helps keep your joints, tendons, and ligaments flexible. Mild weight-bearing activities, such as walking or climbing stairs, may slow bone loss from osteoporosis.
- Have your eyes and hearing tested. Even small changes in sight and hearing may cause you to fall. When you get new eyeglasses, take time to get used to them. Always wear your glasses when you need them. If you have a hearing aid, be sure it fits well, and wear it.
- Find out about the side effects of any medicine you take. If a drug makes you sleepy or dizzy, tell your doctor or pharmacist.
- Get enough sleep. If you are sleepy, you are more likely to fall.
- Limit the amount of alcohol you drink. Even a small amount of alcohol can affect your balance and reflexes.
- Stand up slowly. Getting up too quickly can cause your blood pressure to drop. That can make you feel wobbly.
Use a walking stick if you need help feeling steady when you walk. If your doctor tells you to use a cane or walker, make sure it is the right size for you and the wheels roll smoothly. This is very important when you’re walking in areas you don’t know well or in places where the walkways are uneven.

Be very careful when walking on wet or icy surfaces. They can be very slippery! Try to have sand or salt spread on icy areas by your front or back door.

Wear non-skid, rubber-soled, low-heeled shoes, or lace-up shoes with non-skid soles that fully support your feet. It is important that the soles are not too thin or too thick. Don’t walk around on stairs or floors in socks or in shoes and slippers with smooth soles.

Always tell your doctor if you have fallen since your last checkup—even if you aren’t hurt when you fall.

Weak Bones

Osteoporosis is a disease that makes bones weak and more likely to break. Many people think osteoporosis is only a problem for women, but it can also affect older men. For people with osteoporosis, even a minor fall may be dangerous. Talk to your doctor about whether you have osteoporosis.

Your Own Medical Alarm

Think about getting a home-monitoring system. Usually, you wear a button on a chain around your neck. If you fall or need emergency help, you push the button to alert the service. You can find local “medical alarm” services in your yellow pages. Most medical insurance companies and Medicare do not cover home-monitoring systems. Be sure to ask about costs.

Make Your Home Safe

There are many changes you can make to your home that will help you avoid falls and ensure your safety.

In Stairways, Hallways, and Pathways

- Have handrails on both sides of the stairs, and make sure they are tightly fastened. Hold the handrails when you use the stairs, going up or down. If you must carry something while you’re on the stairs, hold it in one hand and use the handrail with the other. Don’t let what you’re carrying block your view of the steps.
- Make sure there is good lighting with light switches at the top and bottom of stairs and on each end of a long hall. Remember to use the lights!
Keep areas where you walk tidy. Don’t leave books, papers, clothes, and shoes on the floor or stairs.
Check that all carpets are fixed firmly to the floor so they won’t slip. Put no-slip strips on tile and wooden floors. You can buy these strips at the hardware store.
Don’t use throw rugs or small area rugs.

In Bathrooms and Powder Rooms
- Mount grab bars near toilets and on both the inside and outside of your tub and shower.
- Place non-skid mats, strips, or carpet on all surfaces that may get wet.
- Remember to turn on night lights.

In Your Bedroom
- Put night lights and light switches close to your bed.
- Keep your telephone near your bed.

In Other Living Areas
- Keep electric cords and telephone wires near walls and away from walking paths.
- Tack down all carpets and large area rugs firmly to the floor.
- Arrange your furniture (especially low coffee tables) and other objects so they are not in your way when you walk.
- Make sure your sofas and chairs are the right height for you to get in and out of them easily.
- Don’t walk on newly washed floors—they are slippery.

Keep items you use often within easy reach.
Don’t stand on a chair or table to reach something that’s too high—use a “reach stick” instead or ask for help. Reach sticks are special grabbing tools that you can buy at many hardware or medical-supply stores. If you use a step stool, make sure it is steady and has a handrail on top. Have someone stand next to you.
Don’t let your cat or dog trip you. Know where your pet is whenever you’re standing or walking.
Keep emergency numbers in large print near each telephone.

Home Improvements Prevent Falls
Many State and local governments have education and/or home modification programs to help older people prevent falls. Check with your local health department, senior affairs office, or area agency on aging to see if there is a program near you.

For More Information
Here are some helpful resources:

Eldercare Locator
1-800-677-1116 (toll-free)
www.eldercare.gov
Section 6.6

National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
1-800-232-4636 (toll-free)
1-888-232-6348 (TTY/toll-free)
www.cdc.gov/ncipc

National Resource Center on Supportive Housing and Home Modification
University of Southern California Fall Prevention Center of Excellence
3715 McClintock Avenue, Room 228
Los Angeles, CA 90089-0191
1-213-740-1364
www.homemods.org

Rebuilding Together
1899 L Street, NW, Suite 1000
Washington, DC 20036
1-800-473-4229 (toll-free)
www.rebuildingtogether.org

Looking for more information about exercise? Check out Go4Life® at www.nia.nih.gov/Go4Life. This exercise and physical activity campaign from the National Institute on Aging has exercises, success stories, and free video and print materials.

For more information on osteoporosis, home safety for people with Alzheimer’s disease, or other resources on health and aging, contact:

National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
www.nia.nih.gov
www.nia.nih.gov/espanol

To sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.

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May 2009 | Reprinted September 2012
Forgetfulness can be a normal part of aging. As people get older, changes occur in all parts of the body, including the brain. As a result, some people may notice that it takes longer to learn new things, they don’t remember information as well as they did, or they lose things like their glasses. These usually are signs of mild forgetfulness, not serious memory problems.

Some older adults also find that they don’t do as well as younger people on complex memory or learning tests. Scientists have found, though, that given enough time, healthy older people can do as well as younger people do on these tests. In fact, as they age, healthy adults usually improve in areas of mental ability such as vocabulary.

Other Causes of Memory Loss

Some memory problems are related to health issues that may be treatable. For example, medication side effects, vitamin B₁₂ deficiency, chronic alcoholism, tumors or infections in the brain, or blood clots in the brain can cause memory loss or possibly dementia (see some kinds of memory problems are serious but others are not.

Age-Related Changes in Memory

Maria has been a teacher for 35 years. Teaching fills her life and gives her a sense of accomplishment, but recently she has begun to forget details and has become more and more disorganized. At first, she laughed it off, but her memory problems have worsened. Her family and friends have been sympathetic but are not sure what to do. Parents and school administrators are worried about Maria’s performance in the classroom. The principal has suggested she see a doctor. Maria is angry with herself and frustrated, and she wonders whether these problems are signs of Alzheimer’s disease or just forgetfulness that comes with getting older.

Many people worry about becoming forgetful. They think forgetfulness is the first sign of Alzheimer’s disease. Over the past few years, scientists have learned a lot about memory and why
more on dementia, below). Some thyroid, kidney, or liver disorders also can lead to memory loss. A doctor should treat serious medical conditions like these as soon as possible.

Emotional problems, such as stress, anxiety, or depression, can make a person more forgetful and can be mistaken for dementia. For instance, someone who has recently retired or who is coping with the death of a spouse, relative, or friend may feel sad, lonely, worried, or bored. Trying to deal with these life changes leaves some people confused or forgetful.

The confusion and forgetfulness caused by emotions usually are temporary and go away when the feelings fade. The emotional problems can be eased by supportive friends and family, but if these feelings last for a long time, it is important to get help from a doctor or counselor. Treatment may include counseling, medication, or both.

More Serious Memory Problems

For some older people, memory problems are a sign of a serious problem, such as mild cognitive impairment or dementia. People who are worried about memory problems should see a doctor. The doctor might conduct or order a thorough physical and mental health evaluation to reach a diagnosis. Often, these evaluations are conducted by a neurologist, a physician who specializes in problems related to the brain and central nervous system.

A complete medical exam for memory loss should review the person’s medical history, including the use of prescription and over-the-counter medicines, diet, past medical problems, and general health. A correct diagnosis depends on accurate details, so in addition to talking with the patient, the doctor might ask a family member, caregiver, or close friend for information.

Blood and urine tests can help the doctor find the cause of the memory problems or dementia. The doctor also might do tests for memory loss and test the person’s problem-solving and language abilities. A brain scan, such as an MRI, may help rule out some causes of the memory problems.

Amnestic Mild Cognitive Impairment (MCI). Some people with memory problems have a condition called amnestic mild cognitive impairment, or amnestic MCI. People with this condition have more memory problems than normal for people their age, but their symptoms are not as severe as those of people with Alzheimer’s disease, and they are able to carry out their normal daily activities.
Signs of MCI include losing things often, forgetting to go to important events and appointments, and having trouble coming up with desired words. Family and friends may notice memory lapses, and the person with MCI may worry about losing his or her memory. These worries may prompt the person to see a doctor for diagnosis.

Researchers have found that more people with MCI than those without it go on to develop Alzheimer’s. However, not everyone who has MCI develops Alzheimer’s disease. Studies are underway to learn why some people with MCI progress to Alzheimer’s and others do not.

There currently is no standard treatment for MCI. Typically, the doctor will regularly monitor and test a person diagnosed with MCI to detect any changes in memory and thinking skills over time. No medications have been approved to treat MCI.

Dementia. Dementia is the loss of thinking, memory, and reasoning skills to such an extent that it seriously affects a person’s ability to carry out daily activities. Dementia is not a disease itself but a group of symptoms caused by certain diseases or conditions such as Alzheimer’s. People with dementia lose their mental abilities at different rates.

Keeping Your Memory Sharp
People with some forgetfulness can use a variety of techniques that may help them stay healthy and maintain their memory and mental skills. Here are some tips:

- Plan tasks, make “to do” lists, and use memory aids like notes and calendars. Some people find they remember things better if they mentally connect them to other meaningful things, such as a familiar name, song, book, or TV show.
- Develop interests or hobbies and stay involved in activities that can help both the mind and body.
- Engage in physical activity and exercise. Several studies have associated exercise (such as walking) with better brain function, although more research is needed to say for sure whether exercise can help to maintain brain function or prevent or delay symptoms of Alzheimer’s.
- Limit alcohol use. Although some studies suggest that moderate alcohol use has health benefits, heavy or binge drinking over time can cause memory loss and permanent brain damage.
- Find activities, such as exercise or a hobby, to relieve feelings of stress, anxiety, or depression. If these feelings last for a long time, talk with your doctor.
Symptoms of dementia may include:

- Being unable to remember things
- Asking the same question or repeating the same story over and over
- Becoming lost in familiar places
- Being unable to follow directions
- Getting confused about time, people, and places
- Neglecting personal safety, hygiene, and nutrition

Two of the most common forms of dementia in older people are Alzheimer’s disease and vascular dementia. These types of dementia cannot be cured at present.

In Alzheimer’s disease, changes in certain parts of the brain result in the death of many nerve cells. Symptoms of Alzheimer’s begin slowly and worsen steadily as damage to nerve cells spreads throughout the brain. As time goes by, forgetfulness gives way to serious problems with thinking, judgment, recognizing family and friends, and the ability to perform daily activities like driving a car or handling money. Eventually, the person needs total care.

In vascular dementia, strokes or changes in the brain’s blood supply lead to the death of brain tissue. Symptoms of vascular dementia can vary but usually begin suddenly, depending on where in the brain the strokes occurred and how severe they were. The person’s memory, language, reasoning, and coordination may be affected. Mood and personality changes are common as well.

It’s not possible to reverse damage already caused by a stroke, so it’s very important to get medical care right away if someone has signs of a stroke. It’s also important to take steps to prevent further strokes, which worsen vascular dementia symptoms. Some people have both Alzheimer’s and vascular dementia.

Treatment for Dementia

A person with dementia should be under a doctor’s care. The doctor might be a neurologist, family doctor, internist, geriatrician, or psychiatrist. He or she can treat the patient’s physical and behavioral problems (such as aggression, agitation, or wandering) and answer the many questions that the person or family may have.

People with dementia caused by Alzheimer’s disease may be treated with medications. Four medications are approved by the U.S. Food and Drug Administration to treat Alzheimer’s. Donepezil (Aricept®), rivastigmine (Exelon®), and galantamine (Razadyne®) are used to treat mild to moderate Alzheimer’s (donepezil has been approved to treat severe Alzheimer’s as well).
Memantine (Namenda® and Namzaric®) are used to treat moderate to severe Alzheimer’s. These drugs may help maintain thinking, memory, and speaking skills, and may lessen certain behavioral problems for a few months to a few years in some people. However, they don’t stop Alzheimer’s disease from progressing. Many studies are investigating medications and other interventions to prevent or delay Alzheimer’s disease, as well as cognitive decline.

People with vascular dementia should take steps to prevent further strokes. These steps include controlling high blood pressure, monitoring and treating high cholesterol and diabetes, and not smoking. Studies are underway to develop medicines to reduce the severity of memory and thinking problems that come with vascular dementia. Other studies are looking at drugs to relieve certain symptoms of this type of dementia.

Family members and friends can help people in the early stages of dementia to continue their daily routines, physical activities, and social contacts. People with dementia should be kept up to date about the details of their lives, such as the time of day, where they live, and what is happening at home or in the world. Memory aids may help. Some families find that a big calendar, a list of daily plans, notes about simple safety measures, and written directions describing how to use common household items are useful aids.

**What You Can Do**

If you’re concerned that you or someone you know has a serious memory problem, talk with your doctor. He or she may be able to diagnose the problem or refer you to a specialist, such as a neurologist or geriatric psychiatrist. Healthcare professionals who specialize in Alzheimer’s and other dementias can recommend ways to manage the problem or suggest treatment or services that might help. More information is available from the organizations listed below.

Consider participating in clinical trials or studies. People with Alzheimer’s disease, MCI, or a family history of Alzheimer’s and healthy people with no memory problems and no family history of Alzheimer’s may be able to take part in clinical trials, which may help themselves or future generations.

To find out more about participating in Alzheimer’s and related clinical trials, call the Alzheimer’s Disease Education and Referral (ADEAR) Center toll-free at 1-800-438-4380 or visit www.nia.nih.gov/alzheimers/volunteer.

You can search for trials at www.nia.nih.gov/alzheimers/clinical-trials.
For More Information About Memory Loss

Alzheimer’s Disease Education and Referral (ADEAR) Center
1-800-438-4380 (toll-free)
adear@nia.nih.gov (email)
www.nia.nih.gov/alzheimers

The National Institute on Aging’s ADEAR Center offers information and publications in English and Spanish for families, caregivers, and professionals on diagnosis, treatment, patient care, caregiver needs, long-term care, education and training, and research related to Alzheimer’s disease.

Alzheimer’s Association
1-800-272-3900 (toll-free)
1-866-403-3073 (TTY/toll-free)
info@alz.org (email)
www.alz.org

Alzheimer’s Foundation of America
1-866-232-8484 (toll-free)
info@alzfdn.org (email)
www.alzfdn.org

Eldercare Locator
1-800-677-1116 (toll-free)
www.eldercare.gov

National Library of Medicine
MedlinePlus
www.medlineplus.gov

For more information on health and aging, contact:

National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov (email)
www.nia.nih.gov
www.nia.nih.gov/espanol

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Healthy Eating after 50

Choosing healthy foods is a smart thing to do—no matter how old you are! Here are some tips to get you started:

◆ Eat many different colors and types of vegetables and fruits.
◆ Make sure at least half of your grains are whole grains.
◆ Eat only small amounts of solid fats and foods with added sugars. Limit saturated fat (found mostly in foods that come from animals) and trans fats (found in foods like store-bought baked goods and some margarines).
◆ Eat “good” (poly- and monounsaturated) fats, like those found in seeds, nuts, avocados, and fatty fish like salmon. Any fats added in cooking should come from olive, canola, corn, or vegetable oil.
◆ Eat seafood twice a week. Small fish, like sardines or trout, or farm-raised fish (check the label) contain less mercury than large fish, like tuna. Mercury can be harmful.

Make Smart Food Choices

Eating a variety of foods from each food group will help you get the nutrients you need. The 2015-2020 Dietary Guidelines for Americans from the U.S. Department of Agriculture (USDA) and Department of Health and Human Services (HHS) describes healthy eating patterns.

You create a healthy eating pattern by making good choices about your foods and drinks every day. These guidelines are flexible to help you choose a diet of nutritious foods and drinks that you like, that are available in your area, and that fit your budget.

The Dietary Guidelines suggests that people 50 or older choose foods every day from the following:

Fruits—1½ to 2½ cups
What is the same as a half cup of cut-up fruit? A fresh 2-inch peach or 16 grapes.

Vegetables—2 to 3½ cups
What is the same as a cup of cut-up vegetables? Two cups of uncooked leafy vegetables.

Grains—5 to 10 ounces
What is the same as an ounce of grains? A small bagel, a slice of whole grain bread, a cup of flaked ready-to-eat cereal, or a half cup of cooked rice or pasta.

Protein foods—5 to 7 ounces
What is the same as an ounce of meat, fish, or poultry? One egg, one-fourth cup of
cooked beans or tofu, a half ounce of nuts or seeds, or 1 tablespoon of peanut butter.

**Dairy foods—3 cups of fat-free or low-fat milk**

What is the same as 1 cup of milk? One cup of plain yogurt or 1½ to 2 ounces of cheese. One cup of cottage cheese is the same as a half cup of milk.

**Oils—5 to 8 teaspoons**

What is the same as oil added during cooking? Foods like olives, nuts, and avocados have a lot of oil in them.

**Solid fats and added sugars (SoFAS) and sodium (salt)—keep the amount of SoFAS and sodium small**

If you eat too many foods containing SoFAS, you will not have enough calories left for the more nutritious foods you should be eating.

Your doctor may want you to follow a special diet because you have a health problem like heart disease or diabetes. Or, you might have been told to avoid eating some foods because they can change how well your medicines work. Talk with your doctor or a registered dietitian—a nutrition specialist—about foods you can eat instead.

**Here’s a tip:** Stay away from “empty calories.” These are foods and drinks with a lot of calories but not many nutrients—for example, chips, cookies, soda, and alcohol.

One eating plan in the *Dietary Guidelines* is the DASH Eating Plan.

DASH stands for Dietary Approaches to Stop Hypertension. Following this plan can help you lower your blood pressure. See the *For More Information about Healthy Eating* section to find out more about DASH.

**How Much Should I Eat?**

How much you should eat depends on how active you are. If you eat more calories than your body uses, you gain weight.

What are calories? Calories are a way to count how much energy is in food. The energy you get from food helps you do the things you need to do each day. Try to choose foods that have a lot of the nutrients you need, but not many calories.

Just counting calories is not enough for making smart choices. Think about this: A medium banana, 1 cup of flaked cereal, 1½ cups of cooked spinach, 1 tablespoon of peanut butter, or 1 cup of 1% milk all have roughly the same number of calories. But, the foods are different in many ways. Some have more nutrients than others do. For example, milk gives you more calcium than a banana, and peanut butter gives you more protein than cereal. Some foods can make you feel more full than others.

**How Much Is on My Plate?**

How does the food on your plate compare with how much you should be eating?
Here are some ways to see how the food on your plate measures up:

✦ 1 deck of cards = 3 ounces of meat or poultry
✦ Half baseball = half cup of fruit, rice, or pasta
✦ 1 baseball = 1 cup of salad greens
✦ 4 dice = 1½ ounces of cheese
✦ Tip of your first finger = 1 teaspoon of butter or margarine
✦ 1 ping-pong ball = 2 tablespoons of peanut butter
✦ 1 fist = 1 cup of flaked cereal or a baked potato

Common Problems Older Adults Have with Eating

Does your favorite chicken dish taste different? As you age, your sense of taste and smell may change, and foods may seem to lose flavor. Try extra spices or herbs to add flavor. Also, medicines may change how food tastes. They can also make you feel less hungry. Talk to your doctor if this is a problem.

Maybe some of the foods you used to eat no longer agree with you. For example, some people become lactose intolerant. They have stomach pain, gas, or diarrhea after eating or drinking something with milk in it. Your doctor can test to see if you are lactose intolerant.

How Many Calories Do People over Age 50 Need Each Day?

A woman:
✦ Who is not physically active needs about 1,600 calories
✦ Who is somewhat active needs about 1,800 calories
✦ Who has an active lifestyle needs about 2,000-2,200 calories

A man:
✦ Who is not physically active needs about 2,000 calories
✦ Who is somewhat active needs about 2,200-2,400 calories
✦ Who has an active lifestyle needs about 2,400-2,800 calories

Here’s a tip: Aim for at least 150 minutes (2½ hours) of physical activity each week. Ten-minute sessions several times a day on most days are fine.

Is it harder to chew your food? Maybe your dentures do not fit, or your gums are sore. If so, a dentist can help you. Until then, you might want to eat softer foods that are easier to chew.

Do Older Adults Need to Drink Water?

With age, you may lose some of your sense of thirst. Drink plenty of liquids like water, milk, or broth. Don’t wait until you feel thirsty.
Try to add liquids throughout the day. You could try soup for a snack, or drink a glass of water before exercising or working in the yard. Don’t forget to take sips of water, milk, or juice during a meal.

What about Fiber?

Fiber is found in foods from plants—fruits, vegetables, beans, nuts, seeds, and whole grains. Eating more fiber might prevent stomach or intestine problems, like constipation. It might also help lower cholesterol, as well as blood sugar.

It is better to get fiber from food than dietary supplements. Start adding fiber slowly. That will help avoid gas. Here are some tips for adding fiber:

♦ Eat cooked dry beans, peas, and lentils often.
♦ Leave skins on your fruit and vegetables if possible, but wash them first.
♦ Choose whole fruit over fruit juice.
♦ Eat whole grain breads and cereals.

Drink plenty of liquids to help fiber move through your intestines.

Should I Cut Back on Salt?

The usual way people get sodium is by eating salt. The body needs sodium, but too much can make blood pressure go up in some people. Many fresh foods contain some sodium, especially those high in protein. However, most unprocessed fruits and vegetables do not have much sodium. Salt is added to many canned and prepared foods.

People tend to eat more salt than they need. If you are 51 or older, about two thirds of a teaspoon of table salt—1,500 milligrams (mg) sodium—is all you need each day. That includes all the sodium in your food and drink, not just the salt you add.

Try to avoid adding salt during cooking or at the table. Talk to your doctor before using salt substitutes. Some contain sodium. And most have potassium, which some people also need to limit. Eat fewer salty snacks and processed foods, such as lunch meats.

Look for the word sodium, not salt, on the Nutrition Facts panel. Choose foods labeled "low sodium." The amount of sodium in the same kind of food can vary greatly among brands, so check the label.

**Here’s a tip:** Spices, herbs, and lemon juice add flavor to your food, so you won’t miss the salt.

What about Fat?

Fat in your diet comes from two places—the fat already in food and the fat added when you cook. Fat gives you energy and helps your body use certain vitamins, but it is high in calories. To lower the fat in your diet:

♦ Choose cuts of meat, fish, or poultry (with the skin removed) with less fat.
Keep Food Safe

As you grow older, you must take extra care to keep your food safe to eat. It is harder for you to fight off infections, and some foods could make you very sick. Talk to your doctor or a registered dietitian about foods to avoid.

Handle raw food with care. Keep it apart from foods that won’t be cooked or are already cooked. Use hot, soapy water to wash your hands, tools, and work surfaces as you cook.

Don’t depend on sniffing or tasting food to tell what is bad. Try putting dates on the foods in your fridge. Check the “use by” date on foods. If in doubt, toss it out.

Make sure food gets into the refrigerator no more than 2 hours after it is cooked.

Can I Afford to Eat Right?

If your budget is limited, it might take some planning to be able to pay for the foods you should eat. Here are some suggestions:

- Buy only the foods you need—a shopping list will help with that.
- Buy only as much food as you will use.
- Choose foods with plain (generic) labels or store brands—they often cost less than name brands.
- Plan your meals around food that is on sale.
- Divide leftovers into small servings, label and date, and freeze to use within a few months.

Federal Government programs are available to help people with low incomes buy groceries. To learn more about these programs or find your Area Agency on Aging, contact the Eldercare Locator.

For More Information about Healthy Eating

To learn more about the DASH diet:

**National Heart, Lung, and Blood Institute**
1-301-592-8573
nhlbiinfo@nhlbi.nih.gov (email)
[www.nhlbi.nih.gov/health/health-topics/topics/dash](http://www.nhlbi.nih.gov/health/health-topics/topics/dash)
To find out about nutrition, meal programs, or getting help with shopping:

**Eldercare Locator**
1-800-677-1116 (toll-free)
www.eldercare.gov

**Federal Government Nutrition Websites:**
www.choosemyplate.gov—USDA Food Patterns
www.foodsafety.gov—Learn how to cook and eat safely.
www.healthfinder.gov—Get tips for following a healthier lifestyle.
www.nutrition.gov—Learn more about healthy eating, food shopping, assistance programs, and nutrition-related health subjects.

**National Library of Medicine**
**MedlinePlus**
MedlinePlus has information about diseases, conditions, and wellness issues in language you can understand.
www.medlineplus.gov

**USDA Food and Nutrition Information Center**
National Agricultural Library
1-301-504-5414
fnic@ars.usda.gov (email)
http://fnic.nal.usda.gov

For more information on health and aging, including nutrition and exercise, contact:

**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov (email)
www.nia.nih.gov
www.nia.nih.gov/espanol
www.nia.nih.gov/Go4Life

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NIH...Turning Discovery Into Health®
June 2016
Tony is worried about his hearing. His wife complains that his TV programs are too loud, and in crowded, noisy restaurants he can’t hear what the person next to him is saying. Tony wants to find out what’s wrong and if anything can help him. If you or anyone in your family is having trouble hearing, make an appointment for a hearing test. Today, there are a variety of devices that can improve your hearing.

How Do I Know If I Have Hearing Loss?

See your doctor if you:

- Have trouble hearing over the telephone
- Find it hard to follow conversations when two or more people are talking
- Often ask people to repeat what they are saying
- Need to turn up the TV volume so loud that others complain
Have a problem hearing because of background noise
Think that others seem to mumble
Can’t understand when women and children speak to you

Types of Hearing Loss

Hearing loss can have many different causes. Here are two kinds of hearing loss common in older people:

**Presbycusis** (prez-bee-KYOOS-sis) is a common type of hearing loss that comes on slowly as a person gets older. It seems to run in families and affects hearing in both ears. The degree of hearing loss varies from person to person. Are you starting to have trouble hearing someone on the phone? That could be an early sign of this type of hearing loss.

**Tinnitus** (tin-NY-tus or TIN-u-tus) causes a ringing, roaring, or hissing noise in your ear. Tinnitus can go hand-in-hand with many types of hearing loss. It can also be a sign of other health problems, such as high blood pressure or allergies. Often it is unclear what causes tinnitus, which may come and go, disappear quickly, or be permanent.

Other Hearing Loss Problems

Loud noise is one of the most common causes of hearing loss. Noise from lawn mowers, snow blowers, or loud music can damage the inner ear. This can result in permanent hearing loss. You can prevent most noise-related hearing loss. Protect yourself by turning down the sound on your stereo, television, or headphones; move away from loud noise; or use earplugs or other ear protection.

Ear wax or fluid buildup can block sounds that are carried from the eardrum to the inner ear. If wax blockage is a problem, try using mild treatments, such as mineral oil, baby oil, glycerin, or commercial ear drops to soften ear wax. A punctured eardrum can also cause hearing loss. The eardrum can be damaged by infection, pressure, or putting objects in the ear, including cotton-tipped swabs. See your doctor if you have pain or fluid draining from the ear.

Viruses and bacteria, a heart condition, stroke, brain injury, or a tumor may affect your hearing. If you have hearing problems caused by a new medication, check with your doctor to see if another medicine can be used.

Sudden deafness is a medical emergency that may be curable if treated in time. See a doctor right away.
Talk to Your Doctor

Your family doctor may be able to diagnose and treat your hearing problem. Or, your doctor may refer you to other experts. For example:

- A doctor who specializes in medical problems of the ear, nose, and throat is an otorhinolaryngologist (oh-toe-ri-no-lair-in-GAH-luh-jist), also called an ENT doctor.
- An audiologist (aw-dee-AH-luh-jist) has special training in hearing loss and treatment options.
- A hearing aid specialist conducts and evaluates basic hearing tests, offers counseling, and fits and tests hearing aids.

What Devices Can Help?

**Hearing aids.** Hearing aids are electronic, battery-run devices that make sounds louder. There are many types of hearing aids. Before buying a hearing aid, ask if your health insurance will cover the cost. Also ask if you can have a trial period so you can make sure the device is right for you. An audiologist or hearing aid specialist will show you how to use your hearing aid.

Hearing aids should fit comfortably in your ear. You may need several visits with the hearing aid specialist to get it right. Hearing aids may need repairs, and batteries have to be changed on a more regular basis.

Devices That Help You Hear Better

- **Analog** hearing aids make certain sounds louder and other sounds lower, making it easier to follow conversations.
- **Digital** hearing aids give you some choice over what sounds are louder or softer. By controlling some background noise, you may hear conversations more easily.
- **Telecoil** refers to magnetic coil in a hearing aid that helps you hear when talking on the telephone or in buildings that have special sound systems.
- **Induction loop systems** work if you have a hearing aid or a cochlear implant with telecoils. Ask if this type of system is available at public places such as auditoriums, movie theaters, churches, synagogues, and meeting spaces where microphones are used.
regular basis. Remember, when you buy a hearing aid, you are buying both a product and a service.

**Assistive devices.** Other products can also help improve your hearing:

- Alert systems can work with doorbells, smoke detectors, and alarm clocks to send you visual signals or vibrations. For example, a flashing light could let you know someone is at the door or the phone is ringing, or a vibrating alarm clock under your pillow could wake you in the morning. Some people rely on the vibration setting on their cell phones to alert them to calls.
- Telephone amplifying devices can make it easier to use the phone.
- TV and radio listening systems can let you hear the TV or radio without being bothered by background noise or needing to turn up the volume.

**Cochlear implants.** These electronic devices are for people with severe hearing loss. They don’t work for all types of hearing loss.

**What Can I Do If I Have Trouble Hearing?**

- Let people know you have a hearing problem.
- Ask people to face you and to speak more slowly and clearly. Also, ask them to speak louder without shouting.
- Pay attention to what is being said and to facial expressions or gestures.
- Let the person talking know if you do not understand what he or she said.
- Ask the person speaking to reword a sentence and try again.

**How Can I Help a Person With Hearing Loss?**

Here are some tips you can use when talking with someone who has a hearing problem:

- In a group, include people with hearing loss in the conversation.
- Find a quiet place to talk to help reduce background noise, especially in restaurants and at social gatherings.
- Stand in good lighting and use facial expressions or gestures to give clues.
- Face the person and speak clearly.
- Speak a little more loudly than normal, but don’t shout.
American Speech-Language-Hearing Association
2200 Research Boulevard
Rockville, MD 20850-3289
1-800-638-8255 (toll-free)
1-301-296-5650 (TTY)
www.asha.org

American Tinnitus Association
P.O. Box 5
Portland, OR 97207-0005
1-800-634-8978 (toll-free)
www.ata.org

Hearing Loss Association of America
7910 Woodmont Avenue, Suite 1200
Bethesda, MD 20814
1-301-657-2248
www.hearingloss.org

National Institute on Deafness and Other Communication Disorders
Information Clearinghouse
1 Communication Avenue
Bethesda, MD 20892-3456
1-800-241-1044 (toll-free)
1-800-241-1055 (TTY/toll-free)
www.nidcd.nih.gov

National Library of Medicine
MedlinePlus
www.medlineplus.gov

Many people develop hearing problems as they grow older. Today, there are many ways to improve your hearing. The best way to handle the problem is to find professional help as soon as you notice you are having trouble hearing.

For More Information

Here are some helpful resources:

American Academy of Audiology
11480 Commerce Park Drive, Suite 220
Reston, VA 20191
1-800-222-2336 (toll-free)
www.audiology.org

American Academy of Otolaryngology—Head and Neck Surgery
1650 Diagonal Road
Alexandria, VA 22314-2857
1-703-836-4444
www.entnet.org
For more information on health and aging, contact:

**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
www.nia.nih.gov
www.nia.nih.gov/espanol

To sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
Medicines: Use Them Safely

Jerry looked at his five pill bottles. It was getting hard to keep track of his growing list of medicines. He needed a way to remember what each medicine was for, how much to take, and when.

Medicines help us live longer and healthier. But, taking them the wrong way or mixing certain drugs can be dangerous. You need to be careful to keep track of your medicines and use them safely.

What Are Medicines? What Are Drugs?

Medicines, often referred to as drugs, can be:

- **Prescriptions.** What you can get only with a doctor’s order (for example, pills to lower your cholesterol or an asthma inhaler)
- **Over-the-counter pills, liquids, or creams.** What you buy without a prescription (for example, pills for headaches or chew tablets for heartburn)
- **Vitamins, eye drops, or dietary supplements.**

Make sure your doctor knows about ALL the medicines you take. This includes those prescribed by other doctors, as well as vitamins, supplements, and over-the-counter drugs you use every now and then.

What You Need to Know about Your Medicines

Talk with your doctor, nurse, or other healthcare provider before starting a new medicine. Go over your allergies and any problems you have had with other medicines, such as rashes, trouble breathing, indigestion, dizziness, or mood changes.

You will also want to find out whether you'll need to change or stop taking any of your other prescriptions or over-the-counter drugs while using this new medicine. Mixing some drugs can cause serious problems. For instance, it is dangerous to use aspirin when taking a blood-thinning medicine.

When starting a new medication, make sure to write down the name of the drug and why it’s being prescribed
for you. Also, make note of any special instructions for how to take the medicine.

How Can a Pharmacist Help?

A pharmacist can answer many of your questions about prescriptions and over-the-counter drugs.

Try to have all your prescriptions filled at the same pharmacy so your records are in one place. This will help alert the pharmacist if a new drug might cause a problem with something else you are taking. If you’re not able to use just one pharmacy, show the pharmacist at each pharmacy your list of medicines and over-the-counter drugs when you drop off your prescription.

When you have a prescription filled:

- Tell the pharmacist if you have trouble swallowing pills. There may be liquid medicine available. Do not chew, break, or crush tablets without first finding out if the drug will still work.
- Make sure you can read and understand the name of the medicine as well as the directions on the container and on the color-coded warning stickers on the bottle. If the label is hard to read, ask your pharmacist to use larger type.
- Check that you can open the container. If not, ask the pharmacist to put your medicines in bottles that are easier to open.
- Ask about special instructions on where to store a medicine. For example, should it be kept in the refrigerator or in a dry place?
- Check the label on your medicine before leaving the pharmacy. It should have your name on it and the directions given by your doctor. If it doesn’t, don’t take it, and talk with the pharmacist.

Questions to Ask Your Doctor about a New Medicine:

- How many times a day should I take it? At what time(s)? If the bottle says take “4 times a day,” does that mean 4 times in 24 hours or 4 times during the daytime?
- Should I take the medicine with food or not? Is there anything I should not eat or drink when taking this medicine?
- Will this medicine cause problems if I am taking other medicines?
- What does “as needed” mean?
- When should I stop taking the medicine?
- If I forget to take my medicine, what should I do?
- What side effects can I expect? What should I do if I have a problem?
Keeping Track of Your Medicines

Here are some tips to help you keep track of all your medicines:

✦ **Make a list.** Write down all medicines you take, including over-the-counter drugs and dietary supplements. The list should include the name of each medicine, amount you take, and time(s) you take it. If it’s a prescription, also note the doctor who prescribed it and reason it was prescribed. Show the list to all of your healthcare providers including physical therapists and dentists. Keep one copy in your medicine cabinet and one in your wallet or pocketbook.

✦ **Create a file.** Save all the written information that comes with your medicines and keep it somewhere you can easily refer back to it, as needed.

**Generic or Brand Name—What’s the Difference?**

Most generic and brand-name medicines act the same way in the body. They contain the same active ingredients—the part of the medicine that makes it work. A generic drug should be just as safe as a brand-name drug. They should both be of equal strength and quality. You take a generic drug the same way as a brand-name drug.

**Taking Medicines Safely**

Here are some tips to help you take your medicines safely:

✦ **Follow instructions.** Read all medicine labels. Make sure to take your medicines the right way. For example, don’t use an over-the-counter cough and cold syrup if you only have a runny nose and no cough.

✦ **Use the right amount.** Don’t take a larger dose of a medicine thinking it will help you more. It can be very dangerous, even deadly. And, don’t skip or take half doses of a prescription drug to save money. (Talk with your doctor or pharmacist if you can’t afford the medicine. There may be help.)

✦ **Check expiration dates on bottles.** If a medicine is past its expiration date, you may be able to dispose of it at your pharmacy. Or, check with your doctor about how to safely discard it. Your doctor can also tell you if you will need a refill.

✦ **Keep medicines out of reach of young children.** Avoid taking medicines in front of them, as they might try to copy you. Also, if your medicines are kept in bottles without child safety caps because they are hard to open, be extra careful about where you store medicines.
Take medicine on time. Some people use meals or bedtime as reminders to take their medicine. Other people use charts, calendars, or weekly pill boxes.

Turn on a light. Don’t take medicine in the dark; otherwise, you might make a mistake.

Report problems. Call your doctor right away if you have any trouble with your prescription or over-the-counter medicine, or if you are worried that it might be doing more harm than good. There may be something else you can take.

Avoid drinking alcohol. Some medicines may not work correctly or may make you sick if alcohol is in your body.

Check before stopping. Take prescription medicine until it’s finished or until your doctor says it’s all right to stop. Note that some medicines are supposed to be taken only “as needed.”

Don’t share. Do not take medicines prescribed for another person or give yours to someone else.

Saving Money on Medicines, Shopping Online

Medicines can be costly. You might be thinking about buying your medicines online to save some money. It’s important to know which websites are safe and reliable. The Food and Drug Administration (see For More Information) has safety tips for buying medicines and medical products online.

Some insurance drug plans offer special prices on medicines if you order directly from them rather than filling prescriptions at a pharmacy. Contact the Centers for Medicare and Medicaid Services (see For More Information) to learn about Medicare prescription drug plans that may help save you money. If you are a veteran, the Department of Veterans Affairs (see For More Information) may also be able to help with your prescriptions.

For More Information about Safe Use of Medicines

Agency for Healthcare Research and Quality
1-301-427-1104
https://info.ahrq.gov/app/ask (email form)
www.ahrq.gov

Centers for Medicare and Medicaid Services
1-800-633-4227 (1-800-MEDICARE/toll-free)
1-877-486-2048 (TTY/toll-free)
www.medicare.gov
For more information on health and aging, contact:

**National Institute on Aging**
Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov (email)
www.nia.nih.gov/health
www.nia.nih.gov/espanol

To order publications (in English or Spanish) or sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
MyPlate for Older Adults

**Fruits & Vegetables**
Whole fruits and vegetables are rich in important nutrients and fiber. Choose fruits and vegetables with deeply colored flesh. Choose canned varieties that are packed in their own juices or low-sodium.

**Healthy Oils**
Liquid vegetable oils and soft margarines provide important fatty acids and some fat-soluble vitamins.

**Herbs & Spices**
Use a variety of herbs and spices to enhance flavor of foods and reduce the need to add salt.

**Fluids**
Drink plenty of fluids. Fluids can come from water, tea, coffee, soups, and fruits and vegetables.

**Grains**
Whole grain and fortified foods are good sources of fiber and B vitamins.

**Dairy**
Fat-free and low-fat milk, cheeses and yogurts provide protein, calcium and other important nutrients.

**Protein**
Protein rich foods provide many important nutrients. Choose a variety including nuts, beans, fish, lean meat and poultry.

Remember to Stay Active!
Pain: You Can Get Help

Phyllis loves playing with her grandchildren, working in the garden, and going to bingo games twice a week. But, at age 76, the constant knee pain she feels from osteoarthritis (a joint disease) is taking a toll. It keeps her awake at night and stops her from doing activities she enjoys. The pain’s getting to be too much to handle, making Phyllis feel depressed, but she doesn’t know what she can do about it.

You’ve probably been in pain at one time or another. Maybe you’ve had a headache or bruise—pain that doesn’t last too long. But, many older people have ongoing pain from health problems like arthritis, cancer, diabetes, or shingles. They may even have many different kinds of pain.

Pain can be your body’s way of warning you that something is wrong. Always tell the doctor where you hurt and exactly how it feels.

Acute Pain and Chronic Pain

There are two kinds of pain. Acute pain begins suddenly, lasts for a short time, and goes away as your body heals. You might feel acute pain after surgery or if you have a broken bone, infected tooth, or kidney stone.

Pain that lasts for several months or years is called chronic (or persistent) pain. This pain often affects older people. Examples include rheumatoid arthritis (RA) and sciatica. In some cases, chronic pain follows after acute pain from an injury or other health issue has gone away, like postherpetic neuralgia after shingles.

Living with any type of pain can be very hard. It can cause many other problems. For instance, pain can:

✦ Get in the way of your daily activities
✦ Disturb your sleep and eating habits
✦ Make it difficult to continue working
✦ Cause depression or anxiety

Describing Pain

Many people have a hard time describing pain. Think about these questions when you explain how the pain feels:

✦ Where does it hurt?
✦ When did it start? Does the pain come and go?
✦ What does it feel like? Is the pain sharp, dull, or burning? Would you use some other word to describe it?
✦ Do you have other symptoms?
✦ When do you feel the pain? In the morning? In the evening? After eating?
✦ Is there anything you do that makes the pain feel better or worse? For example,
does using a heating pad or ice pack help? Does changing your position from lying down to sitting up make it better? Have you tried any over-the-counter medications for it?

Your doctor or nurse may ask you to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. Or, your doctor may ask if the pain is mild, moderate, or severe. Some doctors or nurses have pictures of faces that show different expressions of pain. You point to the face that shows how you feel.

**Attitudes About Pain**

Everyone reacts to pain differently. Many older people have been told not to talk about their aches and pains. Some people feel they should be brave and not complain when they hurt. Other people are quick to report pain and ask for help.

Worrying about pain is a common problem. This worry can make you afraid to stay active, and it can separate you from your friends and family. Working with your doctor, you can find ways to continue to take part in physical and social activities despite being in pain.

Some people put off going to the doctor because they think pain is just part of aging and nothing can help. This is not true! It is important to see a doctor if you have a new pain. Finding a way to manage your pain is often easier if it is addressed early.

**Treating Pain**

Treating, or managing, chronic pain is important. The good news is that there are ways to care for pain. Some treatments involve medications, and some do not. Your doctor may make a treatment plan that is specific for your needs.

Most treatment plans do not just focus on reducing pain. They also include ways to support daily function while living with pain.

Pain doesn’t always go away overnight. Talk with your doctor about how long it may take before you feel better. Often, you have to stick with a treatment plan before you get relief. It’s important to stay on a schedule. Sometimes this is called “staying ahead” or “keeping on top” of your pain. As your pain lessens, you can likely become more active and will see your mood lift and sleep improve.

**Medicines to Treat Pain**

Your doctor may prescribe one or more of the following pain medications:

- **Acetaminophen** may help all types of pain, especially mild to moderate pain. Acetaminophen is found in over-the-counter and prescription medicines. People who drink a lot of alcohol or who have liver disease should not take acetaminophen. Be sure to talk with your doctor about whether it is safe for you to take and what would be the right dose.
Nonsteroidal anti-inflammatory drugs (NSAIDs) include medications like aspirin, naproxen, and ibuprofen. Some types of NSAIDs can cause side effects, like internal bleeding, which make them unsafe for many older adults. For instance, you may not be able to take ibuprofen if you have high blood pressure or had a stroke. Talk to your doctor before taking NSAIDs to see if they are safe for you.

Narcotics (also called opioids) are used for severe pain and require a doctor’s prescription. They may be habit-forming. Examples of narcotics are codeine, morphine, and oxycodone.

Other medications are sometimes used to treat pain. These include antidepressants, anticonvulsive medicines, local painkillers like nerve blocks or patches, and ointments and creams.

As people age, they are at risk for developing more serious side effects from medication. It’s important to take exactly the amount of pain medicine your doctor prescribes.

Mixing any pain medication with alcohol or other drugs, such as tranquilizers, can be dangerous. Make sure your doctor knows all the medicines you take, including over-the-counter drugs and herbal supplements, as well as the amount of alcohol you drink.

Remember: If you think the medicine is not working, don’t change it on your own. Talk to your doctor or nurse. You might say, “I’ve been taking the medication as you directed, but it still hurts too much to play with my grandchildren. Is there anything else I can try?”

Pain Specialist
Some doctors receive extra training in pain management. If you find that your regular doctor can’t help you, ask him or her for the name of a pain medicine specialist. You also can ask for suggestions from friends and family, a nearby hospital, or your local medical society.

What Other Treatments Help With Pain?
In addition to drugs, there are a variety of complementary and alternative approaches that may provide relief. Talk to your doctor about these treatments. It may take both medicine and other treatments to feel better.

Acupuncture uses hair-thin needles to stimulate specific points on the body to relieve pain.

Biofeedback helps you learn to control your heart rate, blood pressure, and muscle tension. This may help reduce your pain and stress level.

Cognitive behavioral therapy is a form of short-term counseling that may help reduce your reaction to pain.
Distraction can help you cope with pain by learning new skills that may take your mind off your discomfort.

Electrical nerve stimulation uses electrical impulses in order to relieve pain.

Guided imagery uses directed thoughts to create mental pictures that may help you relax, manage anxiety, sleep better, and have less pain.

Hypnosis uses focused attention to help manage pain.

Massage therapy can release tension in tight muscles.

Physical therapy uses a variety of techniques to help manage everyday activities with less pain and teaches you ways to improve flexibility and strength.

Helping Yourself

There are things you can do yourself that might help you feel better. Try to:

- Keep a healthy weight. Putting on extra pounds can slow healing and make some pain worse. Keeping a healthy weight might help with knee pain, or pain in the back, hips, or feet.
- Be active. Try to keep moving. Pain might make you inactive, which can lead to a cycle of more pain and loss of function. Mild activity can help.
- Get enough sleep. It will improve healing and your mood.
- Avoid tobacco, caffeine, and alcohol. They can get in the way of your treatment and increase your pain.

Join a pain support group. Sometimes, it can help to talk to other people about how they deal with pain. You can share your ideas and thoughts while learning from others.

Participate in activities you enjoy. Taking part in activities that you find relaxing, like listening to music or doing art, might help take your mind off of some of the pain.

Cancer Pain

Some people with cancer are more afraid of the pain than of the cancer. But, most pain from cancer or cancer treatments can be controlled. As with all pain, it’s best to start managing cancer pain early. It might take a while to find the best approach. Talk with your doctor so the pain management plan can be corrected to work for you.

One special concern in managing cancer pain is “breakthrough pain.” This is a pain that comes on quickly and can take you by surprise. It can be very upsetting. After one attack, many people worry it will happen again. This is another reason why it is so important to talk with your doctor about having a pain management plan in place.

Alzheimer’s Disease and Pain

People who have Alzheimer’s disease may not be able to tell you when they’re in pain. When you’re caring for someone with Alzheimer’s disease, watch for clues. A person’s face may show signs of being in
pain or feeling ill. You may also notice sudden changes in behavior such as increased yelling, striking out, or spending more time in bed. It’s important to find out if there is something wrong. If you’re not sure what to do, call the doctor for help.

Pain at the End of Life

Not everyone who is dying is in pain. But if a person has pain at the end of life, there are ways to help. Experts often believe it’s best to focus on making the person comfortable, without worrying about possible addiction or drug dependence.

Speak to a palliative care or pain management specialist if you are concerned about pain for yourself or a loved one. These specialists are trained to manage pain and other symptoms for people with serious illnesses.

Some Facts About Pain

- **Most people don’t have to live with pain.** There are pain treatments. While not all pain can be cured, most pain can be managed. If your doctor has not been able to help you, ask to see a pain specialist.
- **Most people who properly take doctor-prescribed narcotic drugs for pain relief do not become addicted.** If you take your medicine exactly the way your doctor tells you, then you are not likely to develop an addiction problem. Let your doctor know if you have a personal or family history of substance abuse.
- **The side effects from pain medicine usually are not worse than the pain.** Side effects from pain medicine like constipation, dry mouth, and drowsiness may be a problem when you first begin taking the medicine. These problems can often be treated and may go away as your body gets used to the medicine.
- **Your doctor will not think you’re a whiner or a sissy if you talk about your pain.** If you are in pain, tell your doctor so you can get the help you need.
- **If you use pain medicine now, it will still work when you need it later.** Using medicine at the first sign of pain may help control your pain later.
- **Pain is not “all in your head.”** No one but you knows how your pain feels. If you’re in pain, talk with your doctor.

Caring for Someone in Pain

It’s hard to see a loved one hurting. Caring for a person in pain can leave you feeling tired and discouraged. To keep from feeling overwhelmed, you might consider asking other family members and friends for help. Or, some community service organizations might offer short-term, or respite, care. The Eldercare Locator might help you find a local group that offers this service.
For More Information About Pain and Pain Management

American Chronic Pain Association
1-800-533-3231 (toll-free)
ACPA@theacpa.org (email)
www.theacpa.org
www.theacpa.org/Support-Groups

Eldercare Locator
1-800-677-1116 (toll-free)
www.eldercare.gov

Mayo Clinic
www.mayoclinic.org/symptoms

National Cancer Institute
1-800-422-6237
(1-800-4-CANCER, toll-free)
cancergovstaff@mail.nih.gov (email)
www.cancer.gov

National Center for Complementary and Integrative Health
1-888-644-6226 (toll-free)
1-866-464-3615 (TTY/toll-free)
info@nccih.nih.gov (email)
https://nccih.nih.gov/health/pain

National Library of Medicine
MedlinePlus: Pain
MedlinePlus: Chronic Pain

For more information on health and aging, contact:

National Institute on Aging
Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov (email)
www.nia.nih.gov
www.nia.nih.gov/alzheimers
www.nia.nih.gov/espanol

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Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
Exercise and Physical Activity: Getting Fit for Life

“My wife and I have heart problems. About 2 years ago, we joined our local health club, where we do both endurance and strength training exercises. On the off days, we walk near our house. It’s been lifesaving for us.” Bob (age 69)

Bob and his wife are living proof that exercise and physical activity are good for you, no matter how old you are. In fact, staying active can help you:

- Keep and improve your strength so you can stay independent
- Have more energy to do the things you want to do
- Improve your balance
- Prevent or delay some diseases like heart disease, diabetes, and osteoporosis
- Perk up your mood and reduce depression

You don’t need to buy special clothes or belong to a gym to become more active. Physical activity can and should be part of your everyday life. Find things you like to do. Go for brisk walks. Ride a bike. Dance. Work around the house. Garden. Climb stairs. Swim. Rake leaves. Try different kinds of activities that keep you moving. Look for new ways to build physical activity into your daily routine.

Four Ways to Be Active

To get all of the benefits of physical activity, try all four types of exercise—(1) endurance, (2) strength, (3) balance, and (4) flexibility.

1. Try to build up to at least 30 minutes of activity that makes you breathe hard on most or all days of the week. Every day is best. That’s called an endurance activity because it builds your energy or “staying power.” You don’t have to be active for 30 minutes all at once. Ten minutes at a time is fine.

Go4Life

For tools and tips to help you be active every day
Visit www.nia.nih.gov/Go4Life
How hard do you need to push yourself? If you can talk without any trouble at all, you are not working hard enough. If you can’t talk at all, it’s too hard.

2. Keep using your muscles. **Strength** exercises build muscles. When you have strong muscles, you can get up from a chair by yourself, you can lift your grandchildren, and you can walk through the park.

   Keeping your muscles in shape helps prevent falls that cause problems like broken hips. You are less likely to fall when your leg and hip muscles are strong.

3. Do things to help your **balance**. Try standing on one foot, then the other. If you can, don’t hold on to anything for support. Get up from a chair without using your hands or arms. Every now and then walk heel-to-toe. As you walk, put the heel of one foot just in front of the toes of your other foot. Your heel and toes should touch or almost touch.

4. Stretching can improve your **flexibility**. Moving more freely will make it easier for you to reach down to tie your shoes or look over your shoulder when you back the car out of your driveway. Stretch when your muscles are warmed up. Don’t stretch so far that it hurts.

Who Should Exercise?

Almost anyone, at any age, can do some type of physical activity. You can still exercise even if you have a health condition like heart disease or diabetes. In fact, physical activity may help. For most older adults, brisk walking, riding a bike, swimming, weight lifting, and gardening are safe, especially if you build up slowly. But, check with your doctor if you are over 50 and you aren’t used to energetic activity. Other reasons to check with your doctor before you exercise include:

- Any new symptom you haven’t discussed with your doctor
- Dizziness or shortness of breath
- Chest pain or pressure or the feeling that your heart is skipping, racing, or fluttering
- Blood clots
- An infection or fever with muscle aches
- Unplanned weight loss
- Foot or ankle sores that won’t heal
- Joint swelling
- A bleeding or detached retina, eye surgery, or laser treatment
- A hernia
- Recent hip or back surgery
Safety Tips

Here are some things you can do to make sure you are exercising safely:

- Start slowly, especially if you haven’t been active for a long time. Little by little, build up your activities and how hard you work at them.
- Don’t hold your breath during strength exercises. That could cause changes in your blood pressure. It may seem strange at first, but you should breathe out as you lift something and breathe in as you relax.
- Use safety equipment. For example, wear a helmet for bike riding or the right shoes for walking or jogging.
- Unless your doctor has asked you to limit fluids, be sure to drink plenty of fluids when you are doing activities. Many older adults don’t feel thirsty even if their body needs fluids.
- Always bend forward from the hips, not the waist. If you keep your back straight, you’re probably bending the right way. If your back “humps,” that’s probably wrong.
- Warm up your muscles before you stretch. Try walking and light arm pumping first.

Exercise should not hurt or make you feel really tired. You might feel some soreness, a little discomfort, or a bit weary, but you should not feel pain. In fact, in many ways, being active will probably make you feel better.

For More Information on Exercise and Physical Activity

Local fitness centers or hospitals might be able to help you find a physical activity program that works for you. You also can check with nearby religious groups, senior and civic centers, parks, recreation associations, YMCAs, YWCAs, or even area shopping malls for exercise, wellness, or walking programs.

Looking for more information on how to exercise safely? Check out Go4Life® at www.nia.nih.gov/Go4Life. This exercise and physical activity campaign from the National Institute on Aging has exercises, success stories, and free video and print materials.
Many groups have information about physical activity and exercise for older adults. The following list of resources will help you get started:

**American College of Sports Medicine**
1-317-637-9200
publicinfo@acsm.org (email)
www.acsm.org

**Centers for Disease Control and Prevention**
1-800-232-4636 (toll-free)
1-888-232-6348 (TTY/toll-free)
cdcinfo@cdc.gov (email)
www.cdc.gov

**National Library of Medicine MedlinePlus**
“Exercise for Seniors”
“Exercise and Physical Fitness”
www.medlineplus.gov

**President’s Council on Fitness, Sports, and Nutrition**
1-240-276-9567
fitness@hhs.gov (email)
www.fitness.gov

For more information on health and aging, contact:

**National Institute on Aging Information Center**
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (toll-free/TTY)
niaic@nia.nih.gov (email)
www.nia.nih.gov
www.nia.nih.gov/espanol
www.nia.nih.gov/Go4Life

To order publications (in English or Spanish) or sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
Preventing prescription drug abuse starts in your home. According to the U.S. Drug Enforcement Administration, more people die from over-the-counter and prescription drug abuse than from cocaine, heroin, and ecstasy combined. Safeguard your family by following these steps.

**Monitor**
Take inventory. Count your medications from the pharmacist. Count them as you use them. Take note of missing and quickly used medications.

**Secure**
Lock medications and reduce access. Don’t leave them in a bathroom. Keep them away from children and youth.

**Destroy**
Never dispose of medications in a sink or toilet. Dissolve unused or expired medications in a baggie with kitty litter.

**Follow these steps:**

**How to properly destroy your expired and unwanted medications at home**

**What You Will Need**
- Expired and unwanted medications
- Zip baggie
- Hot water (over 110° F)
- Kitty litter

**Steps to follow**

1. Pour unwanted/expired medications out of their original containers into a zip baggie.
2. Pour hot water (over 110° F — about as hot as a cup of coffee) into the baggie.
3. Insert kitty litter into the baggie. Seal baggie. Place in trash bin.

Shred prescription labels or use a black marker to cross out label information.
Sexuality in Later Life

Many people want and need to be close to others as they grow older. This includes the desire to continue an active, satisfying sex life. But, with aging, there may be changes that can cause problems.

What Are Normal Changes?

Normal aging brings physical changes in both men and women. These changes sometimes affect the ability to have and enjoy sex. A woman may notice changes in her vagina. As a woman ages, her vagina can shorten and narrow. Her vaginal walls can become thinner and also a little stiffer. Most women will have less vaginal lubrication. These changes could affect sexual function and/or pleasure. Talk with your doctor about these problems.

As men get older, impotence (also called erectile dysfunction—ED) becomes more common. ED is the loss of ability to have and keep an erection for sexual intercourse. ED may cause a man to take longer to have an erection. His erection may not be as firm or as large as it used to be. The loss of erection after orgasm may happen more quickly, or it may take longer before another erection is possible. ED is not a problem if it happens every now and then, but if it occurs often, talk with your doctor.

What Causes Sexual Problems?

Some illnesses, disabilities, medicines, and surgeries can affect your ability to have and enjoy sex. Problems in your relationship can also affect your ability to enjoy sex.

Arthritis. Joint pain due to arthritis can make sexual contact uncomfortable. Exercise, drugs, and possibly joint replacement surgery may relieve this pain. Rest, warm baths, and changing the position or timing of sexual activity can be helpful.
**Chronic pain.** Any constant pain can interfere with intimacy between older people. Chronic pain does not have to be part of growing older and can often be treated. But, some pain medicines can interfere with sexual function. You should always talk with your doctor if you have unwanted side effects from any medication.

**Dementia.** Some people with dementia show increased interest in sex and physical closeness, but they may not be able to judge what is appropriate sexual behavior. Those with severe dementia may not recognize their spouse but still seek sexual contact. This can be a confusing problem for the spouse. A doctor, nurse, or social worker with training in dementia care may be helpful.

**Diabetes.** This is one of the illnesses that can cause ED in some men. In most cases, medical treatment can help. Less is known about how diabetes affects sexuality in older women. Women with diabetes are more likely to have vaginal yeast infections, which can cause itching and irritation and make sex uncomfortable or undesirable. Yeast infections can be treated.

**Heart disease.** Narrowing and hardening of the arteries can change blood vessels so that blood does not flow freely. As a result, men and women may have problems with orgasms, and men may have trouble with erections. People who have had a heart attack, or their partners, may be afraid that having sex will cause another attack. Even though sexual activity is generally safe, always follow your doctor’s advice. If your heart problems get worse and you have chest pain or shortness of breath even while resting, talk to your doctor. He or she may want to change your treatment plan.

**Incontinence.** Loss of bladder control or leaking of urine is more common as we grow older, especially in women. Extra pressure on the belly during sex can cause loss of urine, which may result in some people avoiding sex. This can be helped by a change in positions. The good news is that incontinence can usually be treated.

**Stroke.** The ability to have sex is sometimes affected by a stroke. A change in positions or medical devices may help people with ongoing weakness or paralysis to have sex. Some people with paralysis from the
waist down are still able to experience orgasm and pleasure.

**Depression.** Lack of interest in activities you used to enjoy, such as intimacy and sexual activity, can be a symptom of depression. It’s sometimes hard to know if you’re depressed. Talk with your doctor. Depression can be treated.

**What Else May Cause Sexuality Problems?**

**Surgery.** Many of us worry about having any kind of surgery—it may be even more troubling when the breasts or genital area are involved. Most people do return to the kind of sex life they enjoyed before surgery.

*Hysterectomy* is surgery to remove a woman’s uterus. Often, when an older woman has a hysterectomy, the ovaries are also removed. The surgery can leave both women and men worried about their sex lives. If you’re afraid that a hysterectomy will change your sex life, talk with your gynecologist or surgeon.

*Mastectomy* is surgery to remove all or part of a woman’s breast. This surgery may cause some women to lose their sexual interest or their sense of being desired or feeling feminine.

In addition to talking with your doctor, sometimes it is useful to talk with other women who have had this surgery. Programs like the American Cancer Society’s (ACS) “Reach to Recovery” can be helpful for both women and men. If you want your breast rebuilt (reconstruction), talk to your cancer doctor or surgeon.

*Prostatectomy* is surgery that removes all or part of a man’s prostate because of cancer or an enlarged prostate. It may cause urinary incontinence or ED. If removal of the prostate gland is needed, talk to your doctor before surgery about your concerns.

**Medications.** Some drugs can cause sexual problems. These include some blood pressure medicines, antihistamines, antidepressants, tranquilizers, appetite suppressants, drugs for mental problems, and ulcer drugs. Some can lead to ED or make it hard for men to ejaculate. Some drugs can reduce a woman’s sexual desire or cause vaginal dryness or difficulty with arousal and orgasm. Check with your doctor to see if there is a different drug without this side effect.

**Alcohol.** Too much alcohol can cause erection problems in men and delay orgasm in women.
Am I Too Old to Worry About Safe Sex?

Age does not protect you from sexually transmitted diseases. Older people who are sexually active may be at risk for diseases such as syphilis, gonorrhea, chlamydial infection, genital herpes, hepatitis B, genital warts, and trichomoniasis.

Almost anyone who is sexually active is also at risk of being infected with HIV, the virus that causes AIDS. The number of older people with HIV/AIDS is growing. You are at risk for HIV/AIDS if you or your partner has more than one sexual partner or if you are having unprotected sex. To protect yourself, always use a condom during sex. For women with vaginal dryness, lubricated condoms or a water-based lubricating jelly with condoms may be more comfortable. A man needs to have a full erection before putting on a condom.

Talk with your doctor about ways to protect yourself from all sexually transmitted diseases. Go for regular checkups and testing. Talk with your partner. You are never too old to be at risk.

Can Emotions Play a Part?

Sexuality is often a delicate balance of emotional and physical issues. How you feel may affect what you are able to do. Many older couples find greater satisfaction in their sex life than they did when they were younger. They have fewer distractions, more time and privacy, no worries about getting pregnant, and greater intimacy with a lifelong partner.

Some older people are concerned about sex as they age. A woman who is unhappy about how her looks are changing as she ages may think her partner will no longer find her attractive. This focus on youthful physical beauty may get in the way of her enjoyment of sex. Men may fear that ED will become a more common problem as they age. Most men have a problem with ED once in a while. But, if you worry too much about that happening, you can cause enough stress to trigger ED.

Older couples face the same daily stresses that affect people of any age. They may also have the added concerns of age, illness, retirement,
and other lifestyle changes, all of which may lead to sexual difficulties. Try not to blame yourself or your partner. You may find it helpful to talk to a therapist. Some therapists have special training in helping with sexual problems. If your male partner is troubled by ED or your female partner seems less interested in sex, don’t assume he or she is no longer interested in you or in sex. Many of the things that cause these problems can be helped.

What Can I Do?

There are things you can do on your own for an active sexual life. Make your partner a high priority. Take time to enjoy each other and to understand the changes you both are facing. Try different positions and new times, like having sex in the morning when you both may be well-rested. Don’t hurry—you or your partner may need to spend more time touching to become fully aroused. Masturbation is a sexual activity that many older people, with and without a partner, find satisfying.

Don’t be afraid to talk with your doctor if you have a problem that affects your sex life. He or she may be able to suggest a treatment. For example, the most common sexual difficulty of older women is painful intercourse caused by vaginal dryness. Your doctor or a pharmacist can suggest over-the-counter vaginal lubricants or moisturizers to use. Water-based lubricants are helpful when needed to make sex more comfortable. Moisturizers are used on a regular basis, every 2 or 3 days. Or, your doctor might suggest a form of vaginal estrogen.

If ED is the problem, it can often be managed and perhaps even reversed. There are pills that can help. They should not be used by men taking medicines containing nitrates, such as nitroglycerin. The pills do have possible side effects. Other available treatments include vacuum devices, self-injection of a drug, or penile implants.

Physical problems can change your sex life as you get older. But, you and your partner may discover you have a new closeness. Talk to your partner about your needs. You may find that
For more information on health and aging, contact:

**National Institute on Aging**
Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
[www.nia.nih.gov](http://www.nia.nih.gov)
[www.nia.nih.gov/espanol](http://www.nia.nih.gov/espanol)

To sign up for regular email alerts about new publications and other information from the NIA, go to [www.nia.nih.gov/health](http://www.nia.nih.gov/health).

Visit [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov), a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
A Good Night's Sleep

Ever since he retired, Edward dreads going to bed at night. He's afraid that when he turns off his light, he will just lie there with his eyes open and his mind racing. “How can I break this cycle?” he asks. “I'm so tired—I need to get some sleep.”

Just like Edward, you want a good night's rest. Getting enough sleep helps you stay healthy and alert. But, many older people don't sleep well. If you’re always sleepy or you find it hard to get enough sleep at night, it may be time to see a doctor. Waking up every day feeling tired is a sign that you are not getting the rest you need.

Sleep and Aging

Older adults need about the same amount of sleep as all adults—7 to 9 hours each night. But, older people tend to go to sleep earlier and get up earlier than they did when they were younger.

There are many reasons why older people may not get enough sleep at night. Feeling sick or being in pain can make it hard to sleep. Some medicines can keep you awake. No matter the reason, if you don't get a good night's sleep, the next day you may:

- Be irritable
- Have memory problems or be forgetful
- Feel depressed
- Have more falls or accidents

Get a Good Night's Sleep

Being older doesn't mean you have to be tired all the time. You can do many things to help you get a good night's sleep. Here are some ideas:

- **Follow a regular sleep schedule.** Go to sleep and get up at the same time each day, even on weekends or when you are traveling.
- **Avoid napping in the late afternoon or evening,** if you can. Naps may keep you awake at night.
- **Develop a bedtime routine.** Take time to relax before bedtime each night. Some people read a book, listen to soothing music, or soak in a warm bath.
- **Try not to watch television or use your computer, cell phone, or tablet in the bedroom.** The light from these devices may make it difficult for you to fall asleep. And alarming or unsettling shows or movies, like horror movies, may keep you awake.
- **Keep your bedroom at a comfortable temperature,** not too hot or too cold, and as quiet as possible.
- **Use low lighting in the evenings** and as you prepare for bed.
Exercise at regular times each day but not within 3 hours of your bedtime.
Avoid eating large meals close to bedtime—they can keep you awake.
Stay away from caffeine late in the day. Caffeine (found in coffee, tea, soda, and chocolate) can keep you awake.
Remember—alcohol won’t help you sleep. Even small amounts make it harder to stay asleep.

Insomnia Is Common in Older Adults

Insomnia is the most common sleep problem in adults age 60 and older. People with this condition have trouble falling asleep and staying asleep. Insomnia can last for days, months, and even years. Having trouble sleeping can mean you:
• Take a long time to fall asleep
• Wake up many times in the night
• Wake up early and are unable to get back to sleep
• Wake up tired
• Feel very sleepy during the day

Often, being unable to sleep becomes a habit. Some people worry about not sleeping even before they get into bed. This may make it harder to fall asleep and stay asleep.

Some older adults who have trouble sleeping may use over-the-counter sleep aids. Others may use prescription medicines to help them sleep. These medicines may help when used for a short time. But remember, medicines aren’t a cure for insomnia.

Developing healthy habits at bedtime may help you get a good night’s sleep.

Sleep Apnea

People with sleep apnea have short pauses in breathing while they are asleep. These pauses may happen many times during the night. If not treated, sleep apnea can lead to other problems, such as high blood pressure, stroke, or memory loss.

You can have sleep apnea and not even know it. Feeling sleepy during the day and being told you are snoring loudly at night could be signs that you have sleep apnea.

If you think you have sleep apnea, see a doctor who can treat this sleep problem. You may need to learn to sleep in a position that keeps your airways open. Treatment using a continuous positive airway pressure (CPAP) device almost always helps people with sleep apnea. A dental device or surgery may also help.

Movement Disorders and Sleep

Restless legs syndrome, periodic limb movement disorder, and rapid eye movement sleep behavior disorder are common in older adults. These movement disorders can rob you of needed sleep.

People with restless legs syndrome, or RLS, feel like there is tingling, crawling, or pins and needles in one or both legs. This feeling is worse at night. See your doctor for more information about medicines to treat RLS.
Periodic limb movement disorder, or PLMD, causes people to jerk and kick their legs every 20 to 40 seconds during sleep. Medication, warm baths, exercise, and relaxation exercises can help.

Rapid eye movement, or REM, sleep behavior disorder is another condition that may make it harder to get a good night’s sleep. During normal REM sleep, your muscles cannot move, so your body stays still. But, if you have REM sleep behavior disorder, your muscles can move and your sleep is disrupted.

Alzheimer’s Disease and Sleep—A Special Problem

Alzheimer’s disease often changes a person’s sleeping habits. Some people with Alzheimer’s disease sleep too much; others don’t sleep enough. Some people wake up many times during the night; others wander or yell at night.

The person with Alzheimer’s disease isn’t the only one who loses sleep. Caregivers may have sleepless nights, leaving them tired for the challenges they face.

If you’re caring for someone with Alzheimer’s disease, take these steps to make him or her safer and help you sleep better at night:

- Make sure the floor is clear of objects.
- Lock up any medicines.
- Attach grab bars in the bathroom.
- Place a gate across the stairs.

Safe Sleep for Older Adults

Try to set up a safe and restful place to sleep. Make sure you have smoke alarms on each floor of your home. Before going to bed, lock all windows and doors that lead outside. Other ideas for a safe night’s sleep are:

- Keep a telephone with emergency phone numbers by your bed.
- Have a lamp within reach that is easy to turn on.
- Put a glass of water next to the bed in case you wake up thirsty.
- Don’t smoke, especially in bed.
- Remove area rugs so you won’t trip if you get out of bed during the night.

Tips to Help You Fall Asleep

You may have heard about some tricks to help you fall asleep. You don’t really have to count sheep—you could try counting slowly to 100. Some people find that playing mental games makes them sleepy. For example, tell yourself it is 5 minutes before you have to get up, and you’re just trying to get a little bit more sleep.

Some people find that relaxing their bodies puts them to sleep. One way to do this is to imagine your toes are completely relaxed, then your feet, and then your ankles are completely relaxed. Work your way up the rest of your body, section by section. You may drift off to sleep before getting to the top of your head.
Use your bedroom only for sleeping. After turning off the light, give yourself about 20 minutes to fall asleep. If you’re still awake and not drowsy, get out of bed. When you feel sleepy, go back to bed.

If you feel tired and unable to do your activities for more than 2 or 3 weeks, you may have a sleep problem. Talk with your doctor about changes you can make to get a better night’s sleep.

For More Information to Help You Sleep Better

American Sleep Apnea Association
1-888-293-3650 (toll-free)
asaa@sleepapnea.org (email)
www.sleepapnea.org

National Heart, Lung, and Blood Institute
1-301-592-8573
nhlbiinfo@nhlbi.nih.gov (email)
www.nhlbi.nih.gov

National Institute of Neurological Disorders and Stroke
1-800-352-9424 (toll-free)
braininfo@ninds.nih.gov (email)
www.ninds.nih.gov

National Sleep Foundation
1-703-243-1697
nsf@sleepfoundation.org (email)
www.sleepfoundation.org

Restless Legs Syndrome Foundation
1-512-366-9109
info@rls.org (email)
www.rls.org

For more information about health and aging, contact:

National Institute on Aging Information Center
P.O. Box 8057
Gaithersburg, MD 20898-8057
1-800-222-2225 (toll-free)
1-800-222-4225 (TTY/toll-free)
niaic@nia.nih.gov (email)
www.nia.nih.gov
www.nia.nih.gov/espanol

To order publications (in English or Spanish) or sign up for regular email alerts about new publications and other information from the NIA, go to www.nia.nih.gov/health.

Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults. Special features make it simple to use. For example, you can click on a button to make the type larger.
strong & STABLE
What do I need to know BEFORE PERFORMING the strength activities?

1. Consult with my doctor to make sure that these strength activities are safe and appropriate for me before my first session.

2. Always warm-up the body before doing any of the strength activities. Lifting my knees up while seated, walking in place, and gently swinging my arms for about 5 to 10 minutes will get my muscles ready for the strength activities.

3. Perform the strength activities in the order they appear in this guide and read each description fully before starting the strength activity.

4. Try and perform the strength activities through as full a range of motion as possible but avoid overextending my limbs or locking the joints.
Consult with my doctor to make sure that these strength activities are safe and appropriate for me before my first session.

Always warm-up the body before doing any of the strength activities. Lifting my knees up while seated, walking in place, and gently swinging my arms for about 5 to 10 minutes will get my muscles ready for the strength activities.

Perform the strength activities in the order they appear in this guide and read each description fully before starting the strength activity.

Try and perform the strength activities through as full a range of motion as possible but avoid overextending my limbs or locking the joints.

Perform each strength activity in a slow and controlled manner while maintaining correct form.
wall slides

1. Stand tall with back against the wall.

2. Position feet about 12 to 24 inches out from wall and hip-width apart.

3. Breathe out as you slowly slide down wall almost to sitting position. Knees are
just behind or directly above ankles.

**Hold position** for 3 to 5 seconds while breathing evenly.

**Slowly** return to start position.

**CAUTION:** Do not slide down as far if you feel any pain during the activity.
Sit tall in the center of a sturdy chair positioned against wall if possible. Feet are flat on floor and hip-width apart. Arms are extended. Direct eyes forward and breathe in.

Breathe out and stand up, raising the body about two-thirds of the way up. Keep the back straight and the knees slightly behind or above the ankles.

Hold the position for 3-5 seconds while breathing evenly.

Slowly return to a seated position.
Seated hip abduction

1. **Sit tall** in center of chair with **feet flat** on the floor and hip-width apart.

2. Wrap the resistance band once or twice around the thighs of both legs and **hold ends firmly** against thighs. **Breathe in.**
Breathe out and push the outside of the thighs against the band.

Breathe in and slowly move the thighs back to their starting position.
standing side leg lifts
(WITH OR WITHOUT RESISTANCE)

1. Stand tall with feet hip-width apart while holding onto a sturdy chair. Shift weight onto one leg and breathe in.

2. Breathe out and slowly raise the other leg out to the side, leading with the heel. Do not allow
upper body to move during leg raise.

**Breathe in** and **slowly** return the leg to the starting position.

Repeat the exercise with opposite leg.
standing leg curls
(WITH OR WITHOUT RESISTANCE)

1. Stand tall with feet **hip-width** apart. Lightly hold onto back of a sturdy chair or counter top and breathe in.

2. Breathe out and slowly **bend one knee** up towards the buttocks until it reaches a 90 degree angle. Do...
not allow thigh to move backwards as leg is raised.

**Breathe in** and return the leg **slowly** to the starting position.

Repeat the activity with other leg.
standing heel raises
(WITH OR WITHOUT RESISTANCE)

1. Stand tall with feet flat on the floor and hip-width apart.

2. Hold onto the back of a sturdy chair or counter top for support. Breathe in.

3. Breathe out and slowly lift
both heels off the floor.

Hold the position for 3 to 5 seconds, and breathe evenly.

**Slowly** lower heels to the floor.
seated point & flex

Sit tall and towards front of chair.

Wrap a resistance band once around the foot and extend the leg.

Hold the ends of the stretched band firmly in the hands.
Breathe evenly while slowly pointing and flexing the foot of the extended leg. Maintain tension on the band throughout the physical activity.

Repeat the activity with the opposite leg.
seated rows

Sit **tall** in center of chair.

Loop resistance band under middle of both feet (heels on floor) and **hold ends firmly**.

**Breathe out** while slowly pulling band towards chest.
**Squeeze** shoulder blades together and keep **elbows close to sides** during pulling motion.

Breathe in and **slowly** return resistance band to start position.
Stand tall, feet hip-width apart. Stomach and chin tucked in and eyes directed forward.

Loop resistance band around back and under the armpits.

Wrap ends of band once around hands and hold
firmly. Breathe in.

Push the arms directly forward and **press the chest muscles** together. **Breathe out** during the pushing motion.

Pause, **breathe in** and **slowly** return band to starting position.
Sit in center of a sturdy chair or stand tall with feet hip-width apart and **eyes directed forward**.

Wrap resistance band around each hand until length of band is equal to width of shoulders.

Raise one arm to shoulder level. Bend the elbow and face **palm**
towards shoulder. **Breathe in.**

**Breathe out** and slowly extend the other arm, while keeping the elbow close to the side of the body.

Pause, **breathe in** and **slowly** return the extended arm to the starting position.

Repeat activity with other arm.
1) Increase the number of times I do the strength activity from 8 to 12. Add two repetitions at a time (e.g. 8 to 10 to 12).

2) Add a second set of repetitions with the same resistance band once I can perform the first set of 12 repetitions comfortably. Reduce the number of repetitions back to 8 for each set, and rest for about one minute between sets. Add two repetitions at a time until I can perform 12 repetitions comfortably.

3) Select the next level of resistance band and perform 8 repetitions first, adding two repetitions at a time until I reach 12 again.

Although different manufacturers use different colors for different levels of resistance, Thera-Band® uses the following color coding system:

- Yellow - Lowest resistance
- Red - Medium resistance
- Green - Heavy resistance
- Blue - Extra Heavy resistance

To increase the level of resistance, I can also put one band on top of another band of the same resistance when performing the exercise.

Add an ankle weight (1 to 2 lbs maximum) when performing lower body standing exercises such as the leg curls, heel raises, and side leg lifts.

To order Thera-Band®, call 1.800.699.4994
The distribution of this Strong & Stable guide by the Fall Prevention Center of Excellence is done as a service to older adults to promote activities that may lower the risk for falls.

Before engaging in any physical activity program, you should consult your primary care physician. If any of the following apply, you should not perform these activities without permission from your Doctor:

1) Your Doctor has advised you not to perform physical activity because of your medical condition(s),
2) You are experiencing dizziness or experiencing tightness, pressure, pain, or heaviness in your chest when you perform physical activity,
3) You have been told you have congestive heart failure or have uncontrolled blood pressure (160/100 or above).

If you choose to perform any of the Strong & Stable activities in this guide, you are assuming the inherent risks, and may not hold the Fall Prevention Center of Excellence or any person who sponsors, promotes, or distributes these exercise guides liable for injury or harm.
Taking Care of Your Teeth and Mouth

Healthy teeth and gums make it easy for you to eat well and enjoy good food. Several problems can affect the health of your mouth, but good care should keep your teeth and gums strong as you age.

Tooth Decay

Teeth are covered in a hard, outer coating called enamel. Every day, a thin film of bacteria called dental plaque builds up on your teeth. The bacteria in plaque produce acids that can harm enamel and cause cavities. Brushing and flossing your teeth can prevent decay, but once a cavity forms, a dentist has to fix it.

Use fluoride toothpaste to protect your teeth from decay. If you are at a higher risk for tooth decay (for example, if you have a dry mouth because of a condition you have or medicines you take), you might need more fluoride. Your dentist or dental hygienist may give you a fluoride treatment during an office visit or may tell you to use a fluoride gel or mouth rinse at home.

Gum Disease

Gum disease begins when plaque builds up along and under your gum line. This plaque causes infections that hurt the gum and bone that hold your teeth in place. Gum disease may make your gums tender and more likely to bleed. This problem, called gingivitis, can often be fixed by brushing and flossing every day.

A more severe form of gum disease, called periodontitis, must be treated by a dentist. If not treated, this infection can ruin the bones, gums, and other tissues that support your teeth. Over time, your teeth may have to be removed.

To prevent gum disease:

- Brush your teeth twice a day with fluoride toothpaste.
- Floss once a day.
- Visit your dentist regularly for a checkup and cleaning.
- Eat a well-balanced diet.
- Quit smoking. Smoking increases your risk for gum disease.

How to Clean Your Teeth and Gums

There is a right way to brush and floss your teeth. Every day:

- Gently brush your teeth on all sides with a soft-bristle brush and fluoride toothpaste.
Use small circular motions and short back-and-forth strokes.

Brush carefully and gently along your gum line.

Lightly brush your tongue to help keep your mouth clean.

Clean around your teeth with dental floss. Careful flossing removes plaque and leftover food that a toothbrush can’t reach.

Rinse after you floss.

How to Floss

Hold floss as shown.

Use floss between upper teeth.

Use floss between lower teeth.

People with arthritis or other conditions that limit hand motion may find it hard to hold and use a toothbrush. Some helpful tips are:

- Use an electric or battery-operated toothbrush.
- Slide a bicycle grip or foam tube over the handle of the toothbrush.
- Buy a toothbrush with a larger handle.
- Attach the toothbrush handle to your hand with a wide elastic band.

See your dentist if brushing or flossing causes your gums to bleed or hurts your mouth. If you have trouble flossing, a floss holder may help. Ask your dentist to show you the right way to floss.

Dentures

Sometimes, false teeth (dentures) are needed to replace badly damaged teeth. Partial dentures may be used to fill in one or more missing teeth. Dentures may feel strange at first. In the beginning, your dentist may want to see you often to make sure the dentures fit. Over time, your gums will change shape, and your dentures may need to be adjusted or replaced. Be sure to let your dentist handle these adjustments.

Be careful when wearing dentures, because it may be harder for you to feel hot foods and drinks or notice bones in your food. When learning to eat with dentures, it may be easier if you:

- Start with soft, non-sticky food.
Cut your food into small pieces.
Chew slowly using both sides of your mouth.

Keep your dentures clean and free from food that can cause stains, bad breath, or swollen gums. Brush them every day with a denture-care product. Take your dentures out of your mouth at night, and soak them in water or a denture-cleansing liquid.

Dry Mouth
Dry mouth happens when you don’t have enough saliva, or spit, to keep your mouth wet. It can make it hard to eat, swallow, taste, and even speak. Dry mouth can accelerate tooth decay and other infections of the mouth. Many common medicines can cause this problem.

There are things you can do that may help. Try sipping water or sugarless drinks. Don’t smoke, and avoid alcohol and caffeine. Sugarless hard candy or sugarless gum that is a little tart may help. Your dentist or doctor might suggest using artificial saliva to keep your mouth wet.

Oral Cancer
Cancer of the mouth can grow in any part of the mouth or throat. It is more likely to happen in people over age 40. A dental checkup is a good time for your dentist to look for signs of oral cancer. Pain is not usually an early symptom of the disease. Treatment works best before the disease spreads. Even if you have lost all your natural teeth, you should still see your dentist for regular oral cancer exams.

You can lower your risk of getting oral cancer in a few ways:

- Do not use tobacco products, such as cigarettes, electronic cigarettes, chewing tobacco, snuff, pipes, or cigars.
- If you drink alcohol, do so only in moderation.
- Use lip balm with sunscreen.

Finding Low-Cost Dental Care
Dental care can be costly. Medicare does not cover routine dental care, and very few States offer dental coverage under Medicaid. You may want to check out private dental insurance for older people. Make sure you are aware of the cost and what services are covered. The following resources may help you find low-cost dental care:

- Some dental schools have clinics where students get experience treating patients at a reduced cost. Qualified dentists supervise the students. Visit www.ada.org for a list of U.S. dental schools.
- Dental hygiene schools may offer supervised, low-cost care as part of the training experience for dental hygienists. See schools listed by State at www.adha.org.
- Call your county or State health department to find dental clinics near you that charge based on your income.
To locate a community health center near you that offers dental services, visit www.findahealthcenter.hrsa.gov.

United Way chapters may be able to direct you to free or reduced-cost dental services in your community. Call “211” to reach a local United Way chapter or visit www.unitedway.org/find-your-united-way.

For More Information about Healthy Teeth and Gums

American Dental Association
1-800-621-8099 (toll-free)
www.ada.org

American Dental Hygienists’ Association
1-312-449-8900
www.adha.org/contact-us (email form)
www.adha.org

Health Resources and Services Administration Information Center
www.findahealthcenter.hrsa.gov

National Institute of Dental and Craniofacial Research
National Oral Health Information Clearinghouse
1-866-232-4528 (toll-free)
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Visit www.nihseniorhealth.gov, a senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health and wellness information for older adults, including information about dry mouth. Special features make it simple to use. For example, you can click on a button to make the type larger.

NIH...Turning Discovery Into Health®
June 2016
Workout to Go

Are you just starting to exercise? Getting back into a routine after a break? Wanting to keep up your physical activities away from home? The 13 exercises in this sample workout can help. In this booklet, you’ll find easy-to-follow strength, balance, and flexibility exercises that you can do anytime, anywhere.

One of the great things about physical activity is that there are so many ways to be active. This workout is only one of them. The secret to success is to be creative, find activities you enjoy, and keep going.

This sample workout is part of Go4Life, an outreach campaign from the National Institute on Aging at NIH to help you fit exercise and physical activity into your daily life. For more exercises, motivational tips, real-life success stories, and other free materials, visit our website:

www.nia.nih.gov/Go4Life

Go4Life is a registered trademark of the U.S. Department of Health and Human Services.
Get Ready

Before you begin, here are a few things to keep in mind.

- **Safety always comes first.**
  If you haven’t had regular checkups, you might want to talk with your doctor about your workout plans. Ask if there are any reasons to modify your program or adjust the exercises to do them safely. Always listen to your body and do what you can as long as you’re comfortable.

- **Drink plenty of water.**
  Unless your doctor has asked you to limit fluids, be sure to drink water when you exercise. Many older adults don’t feel thirsty even when their body needs fluids.

- **Wear comfortable clothes.**
  Be sure to wear clothes that let you move freely.
Get Set

For the workout, you’ll need two tennis balls, a sturdy chair with arms, a towel, and two equally weighted objects—like hand or wrist weights, soup cans, or water bottles. You may need to use 1- or 2-pound weights when starting out. As the exercises become easier, gradually add more weight.

You will start the sample workout by warming up. Then, move on to the strength and balance exercises. For each exercise, we show one set of 10-15 repetitions. Try doing 3 sets, and then cool down with the flexibility exercises.

WHAT YOU NEED

- Two tennis balls
- A sturdy chair with arms
- A towel
- Two equally weighted objects (like hand or wrist weights, soup cans, or water bottles)
Safety Tips

- **Breathe regularly during strength exercises.**
  For example, breathe out as you lift the weight, and breathe in as you relax. When doing leg lifts, breathe out as you lift your leg and breathe in as you lower it.

- **Use smooth, steady movements when lifting weights.**
  To prevent injury, don’t jerk or thrust weights into position.

- **Keep your arm and leg joints slightly bent.**
  Avoid “locking” your arm and leg joints in a tightly straightened position.

- **Choose a sturdy chair with arms.**
  Make sure the chair is stable enough to support you when seated or when holding on during the exercise.

- **Make slow, steady movements.**
  Never “bounce” into a stretch.

- **Always bend forward from the hips, not the waist.**
  If you keep your back straight, you’re bending the right way.

- **Stop if you feel pain.**
  You might feel some soreness after you exercise, but exercise should not hurt or make you feel really tired. In fact, in many ways, being active will probably make you feel better.
WARM UP

It’s important to spend about 5 minutes at the beginning of your routine to warm up. Warming up gives your muscles a chance to get ready to work. Warm-up activities can help you prevent injury and reduce muscle soreness later.

Suggestions

- Take a walk.
- Ride a bike.
- Dance around your living room or kitchen.
- Walk up and down the stairs a few times.
STRENGTH EXERCISES

Hand Grip

1. Hold a tennis ball in each hand.
2. Slowly squeeze the ball as hard as you can and hold it for 3-5 seconds.
3. Relax the squeeze slowly.
4. Repeat 10-15 times.
Wall Push-Up

1. Face a wall, standing a little farther than arm’s length away, feet shoulder-width apart.
2. Lean forward and put your palms flat against the wall at shoulder height and shoulder-width apart.
3. Slowly bend your elbows and lower your upper body toward the wall. Keep your feet flat on the floor.
4. Hold the position for 1 second.
5. Slowly push yourself back until your arms are straight.
6. Repeat 10-15 times.
Overhead Arm Raise

You can do this exercise while standing or sitting with your feet flat on the floor, shoulder-width apart.

1. Hold weights at your sides at shoulder height with palms facing forward.
2. Slowly raise both arms up over your head keeping your elbows slightly bent.
3. Hold the position for 1 second.
4. Slowly lower your arms.
5. Repeat 10-15 times.

TIP: As you progress, use a heavier weight and alternate arms until you can lift the weight comfortably with both arms.
Back Leg Raise

1. Stand behind a sturdy chair, holding on for balance.
2. Slowly lift one leg straight back without bending your knee or pointing your toes. Try not to lean forward. The leg you’re standing on should be slightly bent.
3. Hold the position for 1 second.
4. Slowly lower your leg.
5. Repeat 10-15 times.
6. Repeat 10-15 times with the other leg.

TIP: As you progress, you may want to add ankle weights. You also can challenge yourself to improve your balance (see page 14).
Side Leg Raise

1. Stand behind a sturdy chair, holding on for balance.
2. Slowly lift one leg out to the side. Keep your back straight and your toes facing forward. The leg you’re standing on should be slightly bent.
3. Hold the position for 1 second.
4. Slowly lower your leg.
5. Repeat 10-15 times.
6. Repeat 10-15 times with the other leg.

TIP: As you progress, you may want to add ankle weights. You also can challenge yourself to improve your balance (see page 14).
**Toe Stand**

1. Stand behind a sturdy chair, feet shoulder-width apart, holding on for balance.
2. Slowly stand on tiptoes as high as possible.
3. Hold the position for 1 second.
4. Slowly lower heels to the floor.
5. Repeat 10-15 times.

**TIP:** As you progress, try doing the exercise standing on one leg at a time for a total of 10-15 times on each leg. You can also challenge yourself to improve your balance (see page 14).
Stand on One Foot

1. Stand on one foot behind a sturdy chair, holding on for balance.
2. Hold the position for 10 seconds.
3. Repeat 10-15 times.
4. Repeat 10-15 times with the other leg.

TIP: As you progress, you can also challenge yourself to improve your balance (see page 14).
Heel-to-Toe Walk

If you are unsteady on your feet, try doing this exercise near a wall so you can steady yourself if you need to.

1. Place the heel of one foot just in front of the toes of the other foot so that they touch or almost touch. Raise arms to your sides, shoulder height.

2. Choose a spot ahead of you and focus on it to keep you steady as you walk.

3. Take a step. Put your heel just in front of your other foot.

4. Repeat for 20 steps.
Balance Walk

1. Raise arms to your sides, shoulder height.
2. Choose a spot ahead of you and focus on it to keep you steady as you walk.
3. Walk in a straight line with one foot in front of the other.
4. As you walk, lift your back leg. Pause for 1 second before stepping forward.
5. Repeat for 20 steps.

TIP: As you progress, try looking from side to side as you walk, but skip this step if you have inner-ear problems.
Exercises to strengthen your legs and ankles also can help improve your balance. As you progress, try adding these challenges to help even more.

- Start by holding on to a study chair with both hands for support.

- To challenge yourself further, try holding on with only one hand.

- As you feel steady, use just one finger for balance, or try the exercises without holding on.

- When you are steady on your feet, try doing the exercises with your eyes closed.
COOL DOWN

Cooling down at the end of your workout gives your muscles a chance to gradually return to rest. Again, this is important to prevent injury. To cool down, take about 5 minutes to do the following 4 flexibility exercises.

FLEXIBILITY EXERCISES

Ankles

1. Sit securely toward the edge of a sturdy chair.
2. Stretch your legs out in front of you.
3. With your heels on the floor, bend your ankles to point toes toward you.
4. Hold the position for 10-30 seconds.
5. Bend ankles to point toes away from you and hold for 10-30 seconds.
6. Repeat 3-5 times.
If you've had hip or back surgery, talk with your doctor before trying this stretch.

1. Sit toward the front of a sturdy chair with armrests, with your feet flat on the floor, shoulder-width apart. Stay as straight as possible.

2. Slowly twist to the left from your waist without moving your hips. Turn your head to the left. Lift your left hand and hold on to the left arm of the chair. Place your right hand on the outside of your left thigh.

3. Hold the position for 10-30 seconds. Slowly return to face forward.

4. Repeat 3-5 times. Reverse positions and repeat 3-5 times on the right side.

**TIP:** As you progress, try lifting your left arm and resting it comfortably on the back of the chair. Hold on to the left armrest with your right arm. Repeat on your right side.
Thigh

If you’ve had hip or back surgery, talk with your doctor before doing this stretch.

1. Stand behind a sturdy chair with your feet shoulder-width apart and knees straight, but not locked.
2. Hold on to the chair for balance with your right hand.
3. Bend your left leg back and grab your foot in your left hand. Keep your knee pointed to the floor. If you can’t grab your ankle, loop a resistance band, belt, or towel around your foot and hold both ends.
4. Gently pull your leg until you feel a stretch in your thigh.
5. Hold the position for 10-30 seconds.
6. Repeat 3-5 times.
7. Repeat 3-5 times with your right leg.
Shoulder and Upper Arm

If you have shoulder problems, talk with your doctor before trying this stretch.

1. Stand with your feet shoulder-width apart.
2. Hold one end of a towel in your right hand.
3. Raise and bend your right arm to drape the towel down your back.
4. Reach behind your lower back and grasp the towel with your left hand.
5. Pull the towel down with your left hand. Stop when you feel a stretch in your right shoulder.
6. Repeat 3-5 times.
7. Reverse positions and repeat 3-5 times to stretch your left shoulder.

TIP: As you progress, try pulling the towel down farther, but not so far that it hurts.
You should begin to feel stronger and more energetic once you start exercising regularly. The exercises will get easier. This tells you that your body is getting used to a higher level of activity, and it’s time to build on those benefits by doing more.

Gradually increase the amount of weight you use to build strength, try some of the challenges on page 14 to improve your balance, or reach farther in your stretching exercises.

Don’t forget to congratulate yourself on your efforts. You’ve made great progress and you’re ready to do more!
Find Out More

For more information on how to exercise safely, check out the following FREE resources from Go4Life, the exercise and physical activity campaign from the National Institute on Aging at NIH.

- **Visit the Go4Life website at www.nia.nih.gov/Go4Life**
  Be part of the Go4Life Team. Use My Go4Life to make your own exercise plan and track your progress, share your success story, and check out other free resources.

- **Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging**
  This easy-to-read print book, available in English and Spanish, has additional sample exercises, worksheets to help you track your progress, tips on healthy eating, real-life success stories, and more ideas to encourage you to exercise safely and build up the benefits.

- **Go4Life Everyday Exercises from the National Institute on Aging (DVD)**
  Join personal trainer Sandy Magrath and friends as they show you how to do strength, balance, and flexibility exercises. This DVD features exercises you can do at home, at work, in the gym, almost anywhere. Mix and match them. Be creative and have fun!
Designed to fit easily into your purse or travel bag, *Workout to Go* can help you stay in shape for the activities you enjoy most—biking, dancing, working in the garden, or playing with your grandchildren. You can do these easy-to-follow strength, balance, and flexibility exercise anytime, anywhere!

“I love living life to its fullest, but with my family responsibilities and my volunteer work, life can get pretty hectic. This wonderful Go4Life resource helps me stay fit and exercise safely. And what’s great is I can do these exercises wherever I happen to be.”

—Pat Lynch, age 60

“As a doctor, I’m an ardent believer in exercise and eating well. Several years ago, I started doing daily strength and balance exercises as recommended in the exercise guide from the National Institute on Aging at NIH. These simple exercises help me maintain my active lifestyle.”

—Samarendra Dutta, MD, PhD, age 87
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