

What should I expect at my age?

Geriatric means the medical care of the elderly and is derived from the Greek words geron (old man) and iatros (medical care).

Geriatric medicine is the medical care of all older people and is practiced by a wide range of physicians involved in general practice and in the specialities. A geriatrician, is a physician, who has studied the older patient for several years and who is an "expert" in the aging process.

In Canada there are only about 50 such doctors at this time.

It is well known that aging occurs at rates which vary from person to person and is dictated by genetic makeup and, to a lesser degree, environmental factors. For these reasons, there are people who are already aged in their 60s and others who show little evidence of aging in their 80s.

Therefore, it is difficult to identify a specific age at which people become "geriatric" patients. Age 65, for years the age of retirement, has come to be accepted and regarded as the entry point to the latter part of life.

The geriatric patient, to many, conjures up a picture of chronic and continuing disease and disabilities. Chronic disease and aging however do not always go hand-in-hand.

Elderly patients do suffer from a num-

Health Line with DR. MARY RUDYK

ber of chronic disease states, atherosclerosis, chronic obstructive pulmonary disease, diabetes and arthritis. Although some people do become chronically disabled from these conditions, the majority continue to maintain independent living.

It must be stressed that chronic does not mean that treatment cannot be offered to reduce the problems and help maintain independence. For the elderly person, the most important aspect of any illness is whether it is going to cost them their independence. This is the key issue and often of greater importance than whether or not the disease is life threatening.

Often elderly people explain to their doctors, in almost apologetic terms, that their symptoms are probably due simply to their age. "What can one expect at age 75 or 80?"

Current demographic projections dramatize how important it is that we dispel the myths of helplessness in old age. During the last quarter of this century, the percentage of octogenarians

(over age 80) will be as high as 15 or 20 per cent.

So long as individuals, -- both patients and physicians, accept aches and pains, dizziness, weakness, shortness of breath and other symptoms as part and parcel of advanced age, much disease will probably go undetected and untreated.

It has become apparent that if more knowledge about the aging process (gerontology) was available, more active preventative measures might be found to help in the slowing down at least of age-related changes.

If the new generation of older people are to enjoy continuing good health then the general public must be regarded as the best method of primary prevention.

Osteoporosis is a major debilitating disease that affects a majority of elderly women. It is a disease of the bone (too little bone) that can either be prevented or greatly reduced by taking appropriate action at an early age -- this is an example of primary prevention.

Although morbidity and mortality steadily increase with age, many older people can enjoy a full and active life. The proportion that do so falls slowly from about 95 per cent at age 65 to perhaps 85 per cent at age 80 and 70 per cent or less at age 90.

This means, that for the majority, old age can be a time to look forward to, a time when unfulfilled ambitions may be achieved and a time when a slower pace of life may allow you to enjoy each moment to the fullest extent.

Red Cross keeps seniors on the move

The Red Cross transportation program provides a means for the elderly, infirm and disabled to arrive at their medical appointments. Like many other Red Cross services, this is a program of which many people are simply unaware until their own need arises; once they have received our assistance, our clients find it difficult to imagine getting along without it.

Because many of clients are referred to physicians, clinics and therapies outside of Milton, our drivers travel just about everywhere, including Brampton, Mississauga, Oakville, Hamilton and Toronto. While some Red Cross branches make use of vans specifically designed for the transportation of the disabled, Milton volunteers use their own vehicles.

Volunteer drivers receive a generous mileage allowance (.25/km). As the assignments are generally during the day, this type of volunteer work is suitable for homemakers and those on shiftwork.

If you would like to lend your valuable services to this worthwhile program or take advantage of the program, please contact the Milton branch at 875-1459.

Word Scramble

These scrambled letters don't represent a play on words but they'll give you a chance to play with words. When unscrambled, they will indeed form a word. The answers have been printed below -- upside down.

D N I N E W G

N Z A T L G I W

T C A N V O I A

H G A P S O H P T R O

R I O S N E S

ANSWERS: wending; waltzing; vaca- tion; photographs; seniors.

Clergy Corner

with BOB HYDE

There's no need to be lonely

In Genesis, God created man and said: "it is not good for man to be alone, I will provide a partner for him." Then God created Eve. The two fulfilled each other. One day they ate of the forbidden fruit and became separated from each other. This was man's first encounter with loneliness. It happens when people, through their own choice, cut themselves off from each other. Properly analyzed it comes from our inner feelings of inferiority and worthlessness. It can be experienced even when we are surrounded with many people.

Ira J. Tanner, in her book *Loneliness: The Fear of Love*, (Harper and Row, 1973), says that the root cause of every attitude and form of behaviour that separates us from each other comes from our initial experiences of rejection. As we accumulate such experiences we develop a fear of love which becomes basic to our personality. It soon influences all relationships we enter into.

Trust is the way to break through this fear. As we risk exposing ourselves and begin to trust others, we minimize the separation, until finally, trust bridges the gap and the fears are overcome.

Loneliness is often confused with aloneness. Aloneness is different. It is thrust upon us by the circumstances of life rather than by our own initiative; a wife dies, a man rejects marriage, a person approaches death. Unlike loneliness, aloneness accepts its situation and looks courageously into the future. It seeks fulfillment from within itself.

My experience has been that people often let their aloneness lead them to loneliness. Upon retirement or the loss of a spouse the person begins to withdraw from life, perhaps entering into depression or feeling sorry for themselves. When that happens, it is important to push oneself and risk new forms of relating to others.

This is how I came to meet Marion. She was a widow. After living alone in her own home for a few years she suffered a stroke that left her partially paralyzed and confined to a wheelchair. Unable to manage on her own, she left friends and family and moved some distance away to a nursing home.

But even though she was disconnected from the familiarity of her own place, Marion kept a positive attitude. She organized other residents into a craft group and a Bible study. She promoted a resident's council. Cut off from all that was familiar to her, even her own body, Marion found fulfillment in her life. She did not allow her aloneness to become her loneliness.

Adam and Eve may have brought loneliness into the world but we do not have to accept it as a dictate for our own living. It can be overcome by using our inner resources to reach out to others.

Reverend Bob Hyde is pastor at St. Paul's United Church. This space will be dedicated to a different local church pastor's message in each issue of *Connection 55 Plus*.

THE SHERIDAN COLLEGE CONTINUING EDUCATION

SPRING/SUMMER
1989

CALENDAR

Will be distributed door-to-door
over the weekend of
MARCH 11th & 12th

REGISTRATION PERIOD:
MARCH 20th to APRIL 8th

See the Calendar (Page 1) for the new
early mail-in (or drop-off) registration
procedure beginning Monday, March 13th.

ADVANCE REGISTRATION
FOR INTERIOR DESIGN
STUDENTS ONLY

Friday, March 17th

Registration will not be accepted
for any other programs on that day

CLASSES BEGIN
THE WEEK OF APRIL 17th

We look forward to seeing you
at Sheridan!

During and after the week of March 13th copies
of the calendar will be available at all campuses
and at libraries in Halton and Peel.

Sheridan College
Continuing Education

