

Aging Well



What You Need to Know About Prostate Cancer

The prostate is a gland in the male reproductive system located just below the bladder and in front of the rectum. It is about the size of a walnut and surrounds part of the urethra (the tube that empties urine from the bladder). The prostate gland produces fluid that makes up part of the semen.

Prostate cancer is found mainly in older men. As men age, the prostate may get bigger and block the urethra or bladder. This may cause difficulty in urination or can interfere with sexual function. The condition is called benign prostatic hyperplasia (BPH), and although it is not cancer, surgery may be needed to correct it. The symptoms of benign prostatic hyperplasia or of other problems in the prostate may be similar to symptoms of prostate cancer.

There are several possible signs of prostate cancer. A physician should be consulted if any of the following problems occur:

- Weak or interrupted flow of urine.
- Frequent urination (especially at night).
- Difficulty urinating.
- Pain or burning during urination.
- Blood in the urine or semen.
- Nagging pain in the back, hips or pelvis.
- Painful ejaculation.

Tests that examine the prostate and blood

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New Director Appointed to OHSU Center for Healthy Aging

Oregon Health & Science University has appointed Carol L. Joseph, M.D., director of the OHSU Center for Healthy Aging. Joseph's appointment is an important step in the ongoing development of the center, according to Kathleen Potempa, R.N., D.N.Sc., F.A.A.N., vice president and dean of the OHSU School of Nursing.

"The center is poised for growth, and Joseph will provide valuable leadership to guide that development," said Potempa. "We are very pleased that she is joining us in this effort."

Joseph brings a wealth of knowledge in geriatric medicine and extensive experience in the field of aging. She received her medical degree from the OHSU School of Medicine, and completed both her residency in internal medicine and a fellowship in geriatric medicine in Portland.

Her experience includes work with both Kaiser Permanente and the Portland Veterans Affairs Medical Center. She recently returned to Portland after several years as associate chief of staff, Geriatrics, Rehabilitation and Extended Care, and medical director of the Geriatric

Transitional Care Unit of the Veterans Affairs Medical Center in Honolulu. In addition to her new position as director of the Center for Healthy Aging, she will continue in her role as section chief of Geriatric Medicine at the Portland VAMC, a role that includes responsibility for the geriatric fellowship there.

The mission of the Center for Healthy Aging is "adding life to years" by enhancing the health and well-being of older adults through research, education and health services. Center activities include the Healthy Aging Project, a research endeavor helping to understand how we change health and lifestyle behaviors, and the Oregon Geriatric Education Center, educating health professionals throughout Oregon in the care of older adults. The center can be reached at 503 494-7757, or on the Web at www.ohsu.edu/healthyaging/.



Carol L. Joseph, M.D.

Long-Term Care Insurance

“Long-term care” refers to the services used by people who have disabilities or chronic (long-lasting) illnesses. Although these services often involve only personal care, they can also include the skilled care of a physician, nurse or physical therapist. The services may be needed for three months or for a much longer time. These services are available in a variety of settings, including:

- Help in your home with daily activities like bathing and dressing.
- Community programs, such as adult day care.
- Assisted living services such as meals, health monitoring and help with daily activities, provided in a special residential setting other than your own home.
- Care in a nursing home.

Long-term care insurance helps pay for these services. It can also protect you against the risk of large financial losses and may assure that you have choices about what services you receive and where you receive them.

Usually, neither employer health insurance nor Medicare pays for long-term care expenses in any significant way. (Medicare will pay for short-term, skilled care.) Medicaid – the federal/state health insurance program for people with limited income and low assets – does pay for long-term care, but you may have to use most of your savings or other assets before you can receive Medicaid benefits. Private long-term care insurance may help you preserve your income and savings. Unlike other kinds of insurance, long-term care insurance pays for personal care services, even if you need no other kind of care.

What You Should Know

Should I buy long-term care insurance?

This decision should be part of any overall financial planning you do. Some things to consider:

- Make sure you have a good reason to buy. Your goals should be to protect your assets, minimize dependence on other family members, and control where and how you receive long-term care services.



- Long-term care insurance can be expensive, particularly for older people. Learn as much as you can about long-term care insurance and various policies, and consider your individual circumstances.
- Be wary of buying if paying for the premiums means lowering your standard of living or giving up other things you need.
- Keep in mind that you will probably be paying premiums for a number of years. Will you still be able to afford the policy if your circumstances change or if premiums increase?
- If you would quickly qualify for Medicaid if you needed long-term care, a long-term policy might not make sense for you. It is recommended that you consult an attorney who specializes in elder law if your savings could be depleted in six to 12 months by having to pay for long-term care.

When should I buy long-term care insurance?

The older you are, the greater your chances of one day needing long-term care services. However, the older you are at the time you buy long-term care insurance, the higher your premiums will be. Therefore:

- Buy while you are still insurable, before illness, accident or disability strikes.

- Buy after you have learned more about long-term insurance and have received unbiased guidance. Consult the state health insurance benefits assistance program (SHIBA) available in your area.
- If you buy when you are younger, premiums will be lower. However, you will be paying them for a longer period of time.

Where can I buy long-term care insurance?

You can purchase long-term care insurance from a number of sources:

- Insurance agents and brokers, including companies that sell many other kinds of insurance
- Some financial planners
- Some continuing care retirement communities
- Banks
- Employers who offer it as part of a benefits package
- Large membership organizations

What choices do I have if I buy long-term care insurance?

It depends on the coverage you want or need:

- Nursing home only
- Home care only

SPECIAL TOPIC

- A whole continuum of care (nursing home, assisted living, adult day care, etc.)
- Daily benefit – \$50 to \$400
- Benefit period – generally two to six years or a lifetime
- Elimination (deductible) period – 0 to 100 days. This is the period of time before the insurance takes effect during which you pay all expenses yourself.
- Inflation protection – protects the value of your coverage over time
- Non-forfeiture benefits – means that if you

According to the MetLife Mature Market Institute Survey (2002), the average annual cost of nursing home care in 2002 in Oregon was \$52,560. Nursing home costs assume a private room. Semi-private rooms cost less.

According to the same survey, the annual cost of assisted living care in Portland in 2002 was \$22,932.

stop paying premiums that you still receive some benefit from the policy. (NOTE: While non-forfeiture coverage is good to have, this protection will significantly raise your premiums. Consider carefully if you can afford to pay 10 to 100 percent more.)

What should I look for in a policy?

Make sure that any policy you are considering buying:

- Does not require prior hospitalization to receive benefits.
- Is guaranteed renewable as long as you pay the premiums. This does not mean that premiums cannot be raised.
- Offers a premium waiver while you are receiving benefits.
- Has one deductible for the life of the policy.
- Covers pre-existing conditions, without a waiting period, if these are disclosed when you apply.
- Offers five percent compound inflation protection.
- Allows policyholders to upgrade or downgrade their coverage if they can not afford premiums.
- Allows you as much choice as possible (for example, some policies allow you to choose

to stay at home and use the benefit to pay for in-home help as opposed to moving to a long-term care facility, or to choose assisted living rather than a nursing home).

How much will this cost me?

Long-term care insurance is expensive. Costs vary widely, based on your age at the time you apply and the options you choose. The Health Insurance Association of America provides the following estimates for a policy that provides \$100 a day for nursing home care, \$50 a day for home care, a 29-day elimination period (deductible), four years of coverage, and five percent inflation protection. Remember, the cost of these services will be much higher in 15 years, when most policies will be used.

- Less than \$888 a year at age 50
- Less than \$1,850 a year at age 65
- Less than \$5,880 a year at age 75

These are averages based on the latest data available (1997-98). You may find you have to pay more for a policy that provides the kind of protection you want.

For More Information

State Health Insurance Benefits Assistance Program (SHIBA)

SHIBA is a program that offers older adults free counseling on health insurance-related topics such as long-term care insurance, Medicare and HMOs. For the program nearest you, call the Eldercare Locator, 800 677-1116, or visit the SHIBA Web Site at: www.oregonshiba.org.

Long-Term Care Insurance Consumer Tips

- Take your time.
- Educate yourself about this insurance product before meeting with a salesperson.
- If you want to use an agent, talk to several who specialize in long-term care insurance. Some agents are employed by one company and sell only that company's products; other agents offer products from many companies.
- Insist on reading a copy of the policy contract, not just an outline of coverage, before you purchase.
- If you are under age 75, purchase 5 percent compounded inflation protection. Otherwise, inflation will erode the value of your benefits.

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Program Manager Appointed to Consortium



Patricia Ebert, M.S.W.

Oregon Health & Sciences University has appointed Patricia Ebert, M.S.W., program manager of the Oregon Geriatric Education Center (OGEC). Her appointment is a major step

in launching OGEC, which will serve as the educational component of the Center for Healthy Aging. OGEC recently received funding through a grant from the Bureau of Health Professions, Health Resources and Services Administration, Department of Health and Human Services.

"The funding for OGEC provides a valuable resource for medical professionals who care for Oregon's older adults and Patricia Ebert brings solid experience and extensive knowledge in the field. She is very well suited to take OGEC to a new level," said Bill Gaynor, director of planning for the Center for Health Aging and co-director of OGEC.

Ebert is formally trained in social work, having received her M.S.W. from Portland State University, where she is working on a doctoral degree. Her considerable experience includes work with the Institute on Aging at Portland State University, Aging Services at Multnomah County and OHSU's end-of-life research.

While OHSU is the primary grantee, OGEC is a collaborative consortium that includes Portland State University, Oregon State University and the Portland Veterans Affairs Medical Center. Ebert will play an important role in coordinating the efforts of the consortium. The mission of OGEC is to contribute to the knowledge and skills of medical professionals in Oregon in the care of older adults. Contact OGEC by calling 503 418-2171 or visit www.ohsu.edu/aa-ogec.

Success of Cognitive Interventions Suggests Ability to Reverse Age-Related Decline

Cognitive training interventions with elderly individuals produced significant improvements in memory, reasoning ability and speed of processing that were durable for at least two years, according to a report in the November 13th issue of the *Journal of the American Medical Association*.

Furthermore, according to the ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly) trial study group, the magnitude of training effects suggests that such interventions “have the potential to reverse age-related decline.”

“This is the largest and best-designed and executed trial ever of cognitive interventions for healthy older adults, bringing together cognitive psychology and neuroscience,” according to Dr. Richard M. Suzman, of the National Institute on Aging.

The study participants were 2,802 healthy, independently living individuals between the ages of 65 and 94 years. At enrollment, their Mini-Mental State Examination (MMSE) scores were above 22 (out of a possible score of 30).

Dr. Karlene Ball, of the University of Alabama at Birmingham, and fellow members of the ACTIVE study group evaluated the results of the interventions, which included 10 group sessions lasting 60 to 75 minutes held over five- to six-week periods.

The sessions targeted verbal episodic memory (n = 711), inductive reasoning (n = 705), or speed of processing (n = 712). Strategies were introduced during the first five sessions, while practice exercises were provided during all 10 sessions. A no-contact control group included 704 individuals.

All three study groups improved their scores following the training. Reliable improvement was documented post-test in 26 percent of the memory training group, 74 percent of the reasoning training group, and 87 percent of speed training group. Statistical significance was maintained at the 1- and 2-year follow-up.

“We were all very encouraged by results of the memory training program,” Dr. Ball said in



an interview. “Previous literature hasn’t shown (memory training) to be that durable. So the fact that it was is a highly significant finding.”

Booster training offered 11 months after the initial sessions enhanced the training gains in speed and reasoning. The booster was provided to 60 percent of the initial group, delivered in four sessions. By the end of the second year, 57 percent of those given additional training in reasoning versus 35 percent of their counterparts still maintained reliable improvement over baseline. For speed training, corresponding figures were 75 percent versus 37 percent.

“These effect sizes are comparable with or greater than the amount of longitudinal decline that has been reported in previous studies,” Dr. Ball’s group writes. In fact, they add, the effects approximated the amount of cognitive decline expected in this age cohort over 7 to 14 years, in the absence of dementia.

“Physicians should be aware that there are ways to maintain and improve cognitive skills, which has not been the mindset in the past,” Dr. Ball added. “The tendency has been to accept that as people age, they have a poor

memory and have slower reaction times. Now we know there are ways to prevent that.”

Dr. Ball noted that she and her associates are continuing to develop these types of programs. “We hope to make them more accessible, for example, to the point where patients can undergo training at home.”

The improvements noted in the study did not appear to affect cognitive aspects of everyday life. To some extent, this is because the trial included very healthy individuals, Dr. Suzman noted, so that many were already functioning at peak levels.

But it could be that “we need to generalize the training protocol so that it does impact everyday problems” that elderly individuals encounter, he added.

Dr. Ball also pointed out that longer follow-up may be needed to see a difference in activities of daily living. “We plan to follow up again at 5 years to see if the control group declines more than the groups that received cognitive interventions,” she said.

Source: JAMA 2002;288:2271-2281

Center for Healthy Aging to Sponsor Voluntary Simplicity Discussion Course and Women Walk the Marathon

Voluntary Simplicity Discussion Course

Social relationships, psychological health, economic security and engagement in intellectual, creative, cultural and spiritual activities all affect our overall health and sense of well-being. The Center for Healthy Aging is pleased to sponsor a discussion course titled *Voluntary Simplicity* that provides an enjoyable, supportive setting in which to examine personal values and habits, engage in stimulating discussion and make personal changes if desired. The *Voluntary Simplicity* course was developed by the Northwest Earth Institute (NWEI) a Portland-based organization with a national reputation and an impressive record of accomplishments. Tens of thousands of individuals and hundreds of organizations have participated in NWEI discussion courses over the last decade.

Voluntary Simplicity is an eight-session course addressing the distractions of modern society that keep us from caring for ourselves, our relationships and our environment.

The course consists of 7 to 12 people who meet weekly for about an hour to discuss readings from a course book. Course books

contain a diverse collection of essays, articles and book excerpts organized around weekly themes to create lively discussion.

If you are interested in participating, please contact the Center for Healthy Aging at 503 494-7757.

Center for Healthy Aging Supports Women Walk the Marathon

The Center for Healthy Aging is pleased to again support *Women Walk the Marathon*, a unique training program for marathon walkers offering "first-step-to-finish-line" group training and support to help you complete the Portland Marathon 2003 with a smile! The program is co-ed and designed for women and men of all ages, shapes, sizes and fitness levels. The first of nine monthly lecture meetings will be held in the OHSU School of Nursing, Founders Auditorium, on Thursday evening, from 7 to 9 p.m., Jan. 23, 2003. For information on this great program, call 503 292-6929, or call the Center for Healthy Aging at 503 494-7757. Mention that you read about this course in the *Aging Well* newsletter and receive a \$25 discount off the already reasonable course fee!

Prostate Cancer

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are used to help find and diagnose prostate cancer. The following tests and procedures may be used:

- Digital rectal examination: The physician or nurse inserts a lubricated gloved finger into the rectum and feels the prostate through the rectal wall for lumps or abnormal areas.
- Prostate-specific antigen (PSA) test: A laboratory test that measures the levels of PSA in a blood sample. PSA is a substance produced by the prostate that may be found in an increased amount in the blood of men who have prostate cancer, a prostate infection or BPH.
- Transrectal ultrasound: An instrument that emits sound waves is inserted into the rectum. These sound waves create echoes, which a computer uses to create a picture called a sonogram.
- Biopsy: The removal of cells, tissues or fluid by a needle biopsy, to view under a microscope and check for signs of disease.

A pathologist will examine the sample to check for cancer cells and determine a "Gleason" score, which ranges from 2 to 10. The lower the number, the less likely the tumor is to spread.

Certain factors affect treatment options and chance of recovery. The treatment options and prognosis depend on the extent of the cancer, the Gleason score, the level of PSA, and the patient's age and general health.

Source: National Cancer Institute

Healthy Aging Q & A:

Q: Many of my friends are taking glucosamine with chondroitin. What is it and why are they taking it?

A: Glucosamine and chondroitin are natural substances found in the body around the cells of cartilage. They are derived from the shells of shellfish such as shrimp, lobster and crab. They currently are classified as dietary supplements. Researchers believe these substances may help in the repair and maintenance of cartilage. In addition, researchers believe that glucosamine inhibits inflammation and stimulates cartilage cell growth, while chondroitin provides cartilage with strength and resilience. It is believed that they slow deterioration of cartilage, relieve osteoarthritis pain and improve joint mobility. Both supplements help cartilage absorb water and keep joints lubricated. To determine

effectiveness, the National Institute of Health is conducting a large long-term study on glucosamine, chondroitin and a combination of the two in people with knee osteoarthritis. Results are expected in 2005.

Healthy people do not need to routinely supplement with glucosamine. Most research with people who have osteoarthritis uses 500 mg three times per day of glucosamine sulfate. Appropriate amounts for other conditions are not known. The most common side effects are increased intestinal gas and softened stools.

At the time of writing, there were no well-known drug interactions with glucosamine.

Source: National Center for Complementary and Alternative Medicine, National Institutes of Health, on the Web at: www.nccam.nih.gov

According to the American Cancer Society...

In 2002, an estimated 189,000 men will be diagnosed with prostate cancer. This represents one new case every three minutes.

Prostate cancer continues to be the second leading cause of cancer death in men.

Over the past 20 years, the five-year survival rate for all stages of prostate cancer combined has increased from 67 percent to 96 percent.

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Mark Your Calendar

Healthy Aging Forum (formerly HAP Participant Social)

Tuesday, February 11th, 1:30 - 3 p.m.
OHSU School of Nursing, Room 602
For more information, please call 503 494-7757.

We would like to invite you and a friend to join us for an afternoon of healthy conversation and support. Since many of our participants are taking dietary supplements, we have asked Jason Barker, N.D., a naturopathic physician, to discuss the use of dietary supplements. The title of his presentation is "Safe and Efficacious Use of Herbs and Supplements." Admission is free and refreshments will be served.

OHSU includes four schools; two hospitals; numerous primary care and specialty clinics; multiple research institutes; and several outreach and community service units.

*OHSU is an equal opportunity, affirmative action institution.
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Long-Term Care

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- Review your policy carefully during your 30-day "free look" period. If you are unsure or uneasy, return the policy for a full refund.
- Never buy from a door-to-door salesperson and never pay in cash.
- Do not buy multiple policies. One good policy is sufficient.
- When reading the policy, pay special attention to how you will become eligible for benefits. What levels of need must you exhibit and how will they be judged before you can receive benefits?
- Know the differences between tax-qualified and non-tax-qualified policies, which type you are purchasing, and why.
- Check the financial stability and soundness of companies you are considering. Check the reference department of your library or call the rating agencies directly. Some charge a fee for this information.

*Source: AARP Web site at:
www.aarp.org/contacts/health/privlrc.html.*

Alzheimer's Disease Families Needed

The C. Rex and Ruth H. Layton Aging and Alzheimers Disease Research Center at Oregon Health & Science University (OHSU) has become part of a new national Genetics Initiative for familial late-onset Alzheimer disease (AD). Sponsored by the National Institute on Aging, OHSU is working with eight other Alzheimer Disease Centers in a nationwide effort to collect families with at least two members with AD. The objective of the Initiative is to consolidate efforts to identify genes for late-onset AD. It is estimated that AD, the most common cause of dementia, affects 10 percent of people 65 years of age, and nearly 50 percent of those aged 85 years or older. Identifying genetic and environmental factors that affect AD susceptibility, age of onset, progression of disease, and response to treatment is a major goal of the OHSU Aging and Alzheimers Disease Research Center. For further information, please call Melissa Gonzales McNeal at 503 494-7198, toll free 1 800 704-2056, or mcnealm@ohsu.edu.