CHS Heartbeat
Newsletter of the Cardiovascular Health Study ~ Fall 2002

Growing Older and Staying Healthy: CHS Participants Have Shown Us How It's Done

By Maggie Williams, CHS Heartbeat Editor

Over the last decade, thanks to you, CHS investigators have amassed a great deal of information about the lives and health of older people. One of the results of this effort was a paper called "Factors Associated with Healthy Aging," which was published in the Journal of the American Geriatric Society in March 2001. We hope that what we learned and published will be used by health care providers to develop health maintenance strategies unique to older adults. For a short summary of the paper and its findings, read on.

First of all, for this paper, the term "healthy" was defined as, simply, the *absence* of certain conditions. These conditions fell into three categories: cardiovascular disease (angina, heart attack, or stroke, for example); chronic obstructive pulmonary disease, such as emphysema; and cancer.

We then developed a list of factors that we thought would have either positive or negative associations with people's health. We divided these factors into three groups:

- Factors that measure hidden ("subclinical") cardiovascular disease, such as the thickness of the wall of the carotid artery.
- Health behaviors and demographic factors, such as exercise, alcohol use, smoking status, regular aspirin use, age, ethnicity, education, income, and hormone replacement (women).

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CHS: Been There, Done That, Still Going Strong

It's hard to believe how much we—meaning you and the CHS researchers—have accomplished since those first recruitment phone calls back in 1989!

- CHS gathered huge amounts of information on a group of people (African American and Caucasian seniors) who had often been overlooked in public health research in the past.
- CHS investigators have researched a wide range of interrelated topics: heart disease, aging and dying, stroke, genetics, medication, social support, kidney disease, cancer, diet and exercise, all sorts of information learned from blood tests, the general function and malfunction of almost every other part of the body, and much, much more.
- CHS investigators have published over 200 papers on these and other topics, many of them in some of the world's most prestigious medical journals. There are almost as many more papers currently being written, and proposals for new papers are coming in all the time!

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- Traditional risk factors for poor health, such as measured body size, blood pressure, cholesterol level, and the presence of diabetes.

Finally, we looked at which of these factors were present or absent in CHS participants who were healthy when they started the study and remained healthy. With the help of some good statistical analysis, we learned the following:

Most of the people who participated in CHS were healthy when they started the study, and the majority remained healthy during follow-up. Women of all ages were healthier than men, and, as one would expect, the percentage of healthy younger participants was higher then the percentage of healthy older participants. There were no differences between African-American and Caucasian participants.

Non-smokers were more likely than smokers to remain healthy as they aged. Exercise was associated with remaining healthy, as were a low fat/high carbohydrate diet, lower blood pressure, higher HDL ("good") cholesterol level, thinner carotid artery wall thickness, absence of diabetes, higher income, stable finances, and higher educational level. For women, wine consumption was also associated with remaining healthy.

Two well-known factors—hormone replacement (HRT) (women) and taking aspirin once a day—were, surprisingly, *not* associated with remaining healthy. One possible explanation for these seemingly odd findings is that people who were told to take aspirin or HRT were already at greater risk for stroke and heart disease. (Regardless of these findings or the reasons behind them, please don't stop taking your aspirin or HRT without first consulting your doctor.) In the end, most of our findings confirmed what most of us already know: that not smoking, a healthy diet, staying active, low cholesterol, and lower blood pressure are important to staying healthy. The findings also confirmed that these factors are as important for older people as they are for the young and middle-aged.

This article was excerpted from *Factors Associated with Healthy Aging,* by Gregory L. Burke, MD, MS; Alice M. Arnold, PhD; Diane E. Bild, MD; Mary Cushman, MD; Linda Fried, MD, MPH; Anne Newman, MD; Cathy Nunn, RN; John Robbins, MD.

One factor that can have a significant impact on the lives and health of older adults is depression. Aside from Alzheimer's Disease, little attention is paid to the emotional and mental health of seniors. If you'd like to learn more, browse this newsletter for articles on:

- ♡ myths and facts about depression in seniors (page 3)
- ♡ types of depression (page 4)
- ♡ the signs of depression (page 4)
- ♡ why depression is just too important for you (or your doctor) to ignore (page 5)

All information for the articles on pages 3 and 4 was excerpted from the 1999 Surgeon General's Report on Mental Health (chapter 5) and from the National Institute of Mental Health website.

Depression: It's Just Too Important for You (or Your Doctor) to Ignore

By Maggie Williams, CHS Heartbeat Editor

Despite the fact that depression in older people is associated with increased risks of illness and death, it is often under-diagnosed and under-treated. The reasons behind this serious public health problem are many, but the three listed below help to explain why so many seniors don't get the help they need.

1 Signs and symptoms of depression my be attributed to Alzhemier's Disease, normal aging, or atherosclerosis.

First, depression can coexist along with other social, psychological, and health problems that often occur in older people. Signs and symptoms of depression may be attributed to Alzheimer's Disease, "normal aging," atherosclerosis ("hardening of the arteries"), or any of several other conditions associated with aging. Both patients and doctors can also have trouble disentangling normal life events (such as grief over the death of a spouse or longtime friend).

2 Some doctors can be just as susceptible to the myths and stereotypes about depression in older people as the rest of us.

Second, some doctors can be just as susceptible to the myths and stereotypes about depression in older people as the rest of us, believing that depression in seniors is understandable; some even consider suicidal thoughts a normal aspect of old age.

Doctors and other health care providers may also be reluctant, for many reasons, to diagnose older patients with depression. They may be concerned about the stigma associated with a diagnosis of depression; they may be uncertain about how to properly assess and treat someone who is depressed; or they may think that medication won't be very helpful or that it will interfere with other medications the patient is taking. In addition, in a healthcare system that is overburdened and understaffed, many doctors feel they don't have time to determine if their patients are depressed: they have a limited amount of time to spend with their patients and feel, therefore, that it's more important to address purely medical problems.

3 Older people are often reluctant to acknowledge signs of depression and reluctant to seek treatment for it.

But under-diagnosis and under-treatment of depression also have a lot to do with the way seniors experience and talk about depression, which brings us to the last reason that many seniors don't get the help they need for depression. The fact is, older people are often reluctant to acknowledge signs of depression and reluctant to seek treatment for it. If they do go to the doctor, they often talk only about physical symptoms, such as trouble sleeping, headaches, or weight loss. (In some cases, physical symptoms *are* the only symptoms, which can lead both patients and doctors away from considering depression.) But in many cases, seniors—especially older men—won't tell their doctors about feel-

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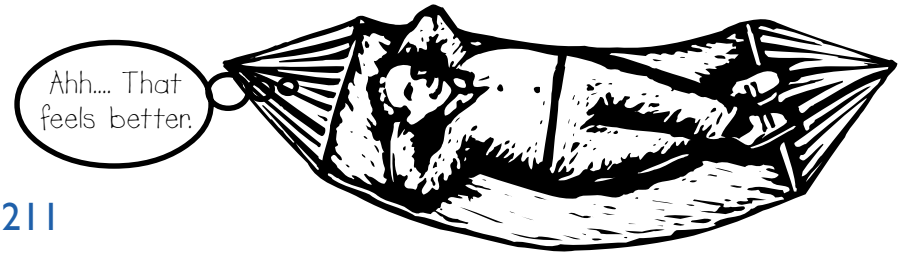
ings of worthlessness and hopelessness or thoughts of suicide; some won't admit to these feelings, even if the doctor asks; and some outright refuse to accept a diagnosis of depression, because of the stigma they associate with it.

The bottom line: depression in older people can be complicated. There are barriers to both diagnosis and treatment, including doctors' attitudes about depression, seniors' attitudes about depression, or both. But if you or someone you know wants help, it is available. Talk to your doctor or get in touch with someone in your community (see page 4) who specializes in diagnosing and treating depression. Or contact the National Institute of Mental Health:

Information Resources and Inquiries
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
Telephone: 1-301-443-4513
FAX: 1-301-443-4279
TTY: 1-301-443-8431
Depression brochures: 1-800-421-4211

Website: http://www.nimh.nih.gov
E-mail: nimhinfo@nih.gov



To order a copy of the 1999 Surgeon General's Report on Mental Health, call 1-800-789-2647 or write to Mental Health, Pueblo, CO, 81009. You can also view the report online at www.surgeongeneral.gov/library/mentalhealth/home.html.

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