


OLLI TIMES

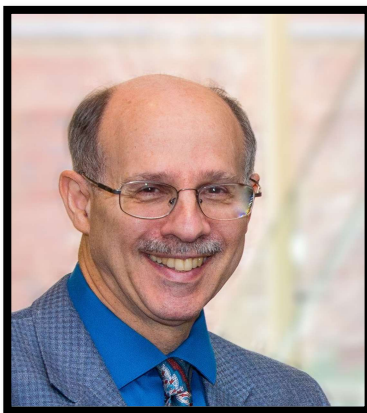
OLLI AT FSU'S MONTHLY NEWSMAGAZINE

www.lli.fsu.edu

JANUARY 2020

THE SCOURGE OF LONELINESS AND SOCIAL ISOLATION

Neil Charness, Ph.D, is the William G. Chase Professor of Psychology at FSU and director of the Institute for Successful Longevity (pub. 2019)



We have so many ways to communicate with each other today that didn't exist 50 years ago, such as through the Internet and with mobile phones, yet we report greater social isolation and loneliness than ever

before. Research studies suggest that about a quarter of the U.S. older adult population suffers from loneliness (e.g., affirming an item asking if you have felt lonely over the past week). We see this in some of our research

projects where we telephone-screen large numbers of older adults and sometimes get the comment that we are the first person that they have talked to in days.

This problem is not just an aging adult issue. In some surveys, younger adults self-report even more loneliness than other age groups.

Although loneliness and social isolation are related, they are separable constructs. Social isolation is usually defined in terms of objective measures of social contact (e.g., frequency of talking to or meeting in person with other people). Loneliness refers to a subjective state, such as the perception of lacking affection and closeness (emotional loneliness) and lacking close friends and family (relational loneliness). Another way to think of these distinctions is to consider that living alone is not necessarily indicative of loneliness, but it certainly raises the risk of social isolation.

Important risk factors for loneliness and social isolation are age (older people are more likely to report being lonely), physical and mental health (greater disability is associated with greater loneliness), lack of access to mobility options (driving, public transportation), lower income levels and living arrangements (living alone). Taking on the role of full-time caregiver for a loved one can also lead to social isolation.

Because humans are social animals, social isolation is bound to lead to negative consequences. Indeed, research has shown that lack of social relationships is associated with negative health outcomes. Lack of social connectedness is associated with greater risk than obesity and is roughly equivalent to smoking 15 cigarettes a day; negative outcomes include morbidity (disease) and mortality (earlier death). In fact, about a year ago, the United Kingdom appointed a Minister for Loneliness as a cabinet post.

Now, cross-sectional association studies leave much to be desired for formulating social policy and for justifying interventions. Such studies indicate associations, not causal relations. Nonetheless, here in Tallahassee our Senior Center implemented (in 2018) an intervention program, **UPSLIDE**, with funding from Florida Blue Foundation, to counteract potential negative effects.

The **CREATE** team has been looking at technology-based approaches to mitigating social isolation in older adults. In our first clinical field trial, the **PRISM study**, we modified an existing computer system to enhance its interface to suit aging users and then provided in-home training on its use. Features included e-mail, buddy lists, Internet access, links to community and national services,

educational topics, a calendar, and games.

We enrolled aging adults, age 65 and older, who were not computer users and who were at risk for social isolation (living alone, not working, not doing significant volunteer work).

We showed that after six months there was reduced loneliness compared to a control condition that provided similar features in paper format (the binder control condition, lacking interactivity). However, by 12 months the two groups showed equivalent gains in well-being measures suggesting only a short-term benefit for PRISM. So, there was some promise for using technology to improve social interaction.

In our second study, still in the field, we designed the interface and apps for

a tablet-based system and are comparing the impact on wellbeing measures to a control group using the same tablet but without our specially designed interface. Both groups are getting trained in tablet use. We are eagerly awaiting the results.

Facilitating social connectivity is an important challenge for an aging population that near end of life is at risk of losing important social connections. Partners, friends, and family members may die or move away.

Mobility may become impaired, making it difficult for aging adults to leave home. So, we and others continue to look at whether it is possible to leverage modern technology to address the challenges of mitigating social isolation and loneliness.

OLLI PARTYGOERS ENJOY FOURTH ANNUAL CHRISTMAS BASH



More than 100 OLLI members and friends gathered for an evening of partying at the Fourth Annual

Christmas Bash held on Wednesday evening, December 11, at the FSU University Center Club. The

partygoers enjoyed hot hors d'oeuvres, plenty of beverages and sweets for dessert, and danced to the oldie goldies music of Hot Mess.

Partygoers also exchanged new or used "white elephant" gifts, where everyone brings a gift which are placed on a table and then, when invited, take a "potluck" gift from the table.

Special thanks to the businesses that provided gift certificates that were given out throughout the evening.

Those businesses are Wahoo, San Miguel's, Outback Steakhouse, The Edison, McGowan's, Brown's Kitchen Center, Osaka, Little Italy, Midtown Caboose, Table Twenty Three, Paddy's Raw Bar - St. George's Island, and Harry A's Bar & Grill – Eastpoint.

A further special thanks to Capital Health Plan for sponsoring the event, and an OLLI shoutout to Denise Zabelski-Sever for organizing and planning the party.

CLUB NEWS

TRAVEL CLUB TO MEET IN FEBRUARY; TRIP TO CROATIA, SLOVENIA AND THE ADRIATIC COAST WILL BE DISCUSSED

Interested in exploring Croatia and the countries of the Adriatic Coast? Then join OLLI travelers for a Travel Club meeting on Wednesday, February 5 from noon to 2 p.m. at the Eastside Library on Pedrick Road just off Mahan Drive near I-10.

The club will feature Collette's representative, Jack Brinson, who will provide information on this 12-day journey that runs from August 20-31, 2020.

Travelers will learn about the ancient cities, medieval architecture, intriguing cultures, rolling hills and

stunning coastal scenery of this magnificent area. "This is your chance to explore the medieval coastal city of Dubrovnik. You will stroll through Split and see the famous Diocletian's Palace. This journey also includes a boat ride to the magnificent island in the center of Lake Bled. A visit to "Croatia's Riviera and exploration of the wonders of 16 cascading lakes at Croatia's Plitvice Lakes National Park are also part of the travel package," Travel Club Co-Chair Harriet Waas said.

"While the trip wraps up in Croatia's capital, Zagreb, there is also a visit to

Ljubljana, Slovenia, and, for the more adventurous, an optional four-day, two-night pre-tour extension to Montenegro is also available,” she added.

For further information on this trip, contact Harriet or George Waas at waas01@comcast.net. or Executive

Director Debra Herman at dherman@fsu.edu or (850)644-3520.

Travel brochures will be available at the OLLI Showcase on Friday, January 24, 2020. You can also go to the OLLI website (olli.fsu.edu), or find information on the Collette website at <https://gateway.gocollette.com/link/967633>

CULTURE AND ARTS SETS SPRING SEMESTER PROGRAMS

The appearance of the famed Glenn Miller Band will kick off the Spring Semester’s Culture and Arts programs. The band is coming to Tallahassee on February 3rd to perform at the Turner Auditorium on the campus of Tallahassee Community College. Spring registration is **January 27th**, and that is the deadline to register for the show. You can read more about it in the Course and Activity Catalog.

February will feature the Bach Parley, performing Handel’s timeless *Messiah*, Part II, and a visit to the FSU Museum of Fine Arts for “Rising Water,” an evocative, curator-led exhibition of works by artists from hurricane-impacted areas of the U.S. reflecting the impact and trauma of violent weather. We’ll round out February with “In the Heights,” Lin-Manuel Miranda’s first Tony® Award-winning hit, performed by the FSU School of Theatre!

In March, we will enjoy some Bach, Strauss and Bernstein played by the Cann Sisters, duo pianists who have been playing together since they were in elementary school and made their professional debuts at the ages of 13 and 14! We’ll also go to an open dress rehearsal for our own Tallahassee Symphony, where we will hear some classical guitar, some Verdi and the very powerful Symphony No. 5 by Shostakovich – quite a combination!!

We close out the OLLI Culture & Arts season with an April Art Walk downtown! If you enjoyed our walk in the All Saints District this past fall, you will not want to miss a walk around downtown with Amanda Karioth Thompson to see all the amazing art you probably never notice when you’re running around downtown or trying to find a parking space!

Did you know that 54 million people in this country sing in a choir? Choral singing is the most participatory of the arts – you need only your voice!

Tallahassee is rich in choral singing opportunities for all interests, musical abilities and ages! If you attended the Tallahassee Community Chorus fall concert in November, you saw folks of all ages onstage, from high school to octogenarians, singing Mozart, all in Latin! It's a great way to learn

something new and studies are showing that singing is good for the brain! Whether listening, singing in the shower or singing in a choir, music

heals! So, join us this semester for some great music, along with all the other activities offered by OLLI!!

Check out the article at this link: <https://www.choraldirectormag.com/articles/vocal-pro/your-brain-and-singing-why-singing-in-a-choir-makes-you-happier>.

WEDNESDAY BOOK CLUB TAUTS BUSY DECEMBER; NOTES JANUARY BOOK CHOICE

December was a busy month for the Wednesday Westminster Oaks OLLI Book Club. Our book selection for this month was My Brilliant Friend by Elena Ferrante. The book is about the complex friendship of two girls, set in post-World War II Naples. Ferrante is one of the most popular authors in Italy and writes completely anonymously. Her identity not known to her readers. In January we will read and discuss The Tattooist of Auschwitz by Heather Morris. This is a love story that survives against all odds, with hope, courage and beauty.

Also, last month we delivered almost 400 children and young adult books to

Guardian ad Litem, Foster Grandparents Program (part of Elder Care Services), Refuge House and Hope Community (part of Big Bend Coalition for the Homeless).

Someone from the Holiday Bash donated activity Santa bags, complete with dot-to-dot, paint by number, coloring books and even new boxes of crayons. (I just had to take a peak and experience the childhood awe of looking into a box of perfect, unused crayons.)

These were sent to Refuge House and will bring a smile to a young child's face. OLLI Rocks with generosity!

FRIENDSHIP FORCE SETS SOCIAL AND BUSINESS MEETINGS FOR JANUARY AND BEYOND

The OLLI Friendship Force's next social meeting will be on Tuesday January 14th at 6pm at the Westminster Pool House. In addition to our pot luck dinner we will be playing the International Bingo game we learned on our Brazil trip with prizes to the winners. Contact Jane Hudson at email: jhudson_98@yahoo.com

Interested OLLI members are invited to attend the next business meeting with the newly formed Friendship Force board of directors on Friday **January 31st at the NE Library at 3pm.**

We will be discussing the plans for the inbound group from Shelby N.C. They arrive on Saturday March 14 and will be leaving on the 20th. This is during FSU spring break.

Volunteers who would like to host a small dinner for our Shelby guests on either March 15, 16 or 18th should

contact Coordinator Ana Garcia Quevedo at email figment1318@comcast.net

Linda Gray will be the Coordinator for day hosts, her email is RVGraze@gmail.com. This is an excellent way to get involved with Friendship Force with a minimal time commitment.

Janet Temkin is Coordinator for the Shelby Farewell dinner on Thursday March 19th at Dreamland BBQ and all OLLI members are invited. Janet's email is janet.temkin@gmail.com

Reservations for dinner and prepayment information will be in the February OLLI Times and on our OLLI member Facebook page.

Please visit and "like" our Facebook page at Friendship Force Tallahassee. The Website for Friendship Force International is: www.friendshipforce.org

SPECIAL TO THE TIMES

TIPS FOR A LONGER LIFE

Harvard Health Publishing
Harvard Medical School

No matter what your age, you have the power to change many of the variables that influence how long you live, and how active and vital you feel in your later years.

Actions you can take to increase your odds of a longer and more satisfying life span are really quite simple:

1. Don't smoke.
2. Enjoy physical and mental activities every day.
3. Eat a healthy diet rich in whole grains, vegetables, and fruits, and substitute healthier monounsaturated and polyunsaturated fats for unhealthy saturated fats and trans fats.
4. Take a daily multivitamin, and be sure to get enough calcium and vitamin D.
5. Maintain a healthy weight and body shape.
6. Challenge your mind. Keep learning and trying new activities.
7. Build a strong social network.
8. Follow preventive care and screening guidelines.
9. Floss, brush, and see a dentist regularly.
10. Ask your doctor if medication can help you control the potential long-term side effects of chronic conditions such as high blood pressure, osteoporosis, or high cholesterol.

Smoking: An enemy of longevity

If you want to live a long, healthy life, make sure you're among the nonsmokers. Smoking contributes to heart disease, osteoporosis, emphysema and other chronic lung problems, and stroke. It makes breathing during exercise much harder and thus can make activity less enticing. It appears to compromise memory, too.

The news does get better. People who quit smoking can repair some, if not all, of the damage done. After a smoker quits, the risk of heart disease begins to

drop within a few months, and in five years, it matches that of someone who never smoked. Stroke risk drops to equal that of a nonsmoker within two to four years after a smoker quits, according to one study. The death rate from colorectal cancer also decreases each year after quitting. At any age, quitting progressively cuts your risk of dying from cancer related to smoking, although this drop is most marked in those who quit before age 50.

Plenty of research suggests that eating healthy foods can help extend your life and improve your health. Studies reveal that a healthy diet can help you sidestep ailments that plague people more as they age, including heart disease, hypertension, cancer, and cataracts.

There is no shortage of new and conflicting advice on diet and nutrition. Stick to the basics with more broad-based changes, such as cutting back on meat; eating more vegetables, fruits, and whole grains; and striking a healthy balance between calories in and calories out.

Choose fruits and vegetables wisely

Get at least five servings of fruits and vegetables a day. When filling your plate with fruits and vegetables, choose from a full color palette. For even more health benefits, aim for nine servings a day. To get there, choose vegetable soups and vegetable or fruit salads. Sprinkle fruit on breakfast

cereal, and select it for snacks or as a sweet end note after meals.

Choose fats wisely

Whenever possible, use monounsaturated and polyunsaturated oils. Avoid trans fats entirely. Limit saturated fats to less than 7% of daily calories and total fat to 20% to 30% of daily calories,

If you don't have coronary artery disease, the American Heart Association recommends eating foods rich in omega-3 fatty acids, such as salmon, trout, or mackerel, twice weekly. If you have documented coronary artery disease, consume roughly 1 gram a day of EPA or DHA from oily fish and supplements if your doctor advises this.

Choose carbohydrates wisely

Choose whole-grain foods over those made with refined grains, such as white bread. Look beyond popular choices like whole oats and brown rice to lesser-known whole grains like barley, bulgur, kasha, and quinoa. Limit your intake of white potatoes.

Choosing protein wisely

Emphasize plant sources of protein, such as beans, nuts, and grains, to help you bypass unhealthy fats predominant in animal sources. Enjoying a wide variety of vegetables and eating beans and grains helps you get a full complement of amino acids over the course of a week. Shy away from

protein sources high in saturated fat. Favor fish and well-trimmed poultry. If you do eat beef, pick lean cuts. Don't char or overcook meat, poultry, or fish — it causes a buildup of carcinogens. Cutting off fat, which causes flames to flare on the grill, can help avoid charring; try gently sautéing, steaming, or braising these foods in liquid instead. Grilling vegetables is safe, however.

Turning the tide on weight gain

Turning the tide to lose weight — or just holding the line at your current weight — can be difficult. The following tips may help:

Line up support. Work with your doctor and, possibly, a nutritionist or personal trainer. Ask for help in setting a reasonable goal and taking small steps that make success more likely. Tell friends and family about your goal, too.

Shut down the kitchen. Make your kitchen off-limits after dinner — even if you need to run a strip of crime tape across the door to do so.

Aim for a small change. Trimming 5% to 10% of your starting weight is a realistic goal with excellent health benefits, including reducing blood pressure and cholesterol levels and

lowering the risk for diabetes.

Eat well. Focus on vegetables and whole grains, which are digested slowly. Limit refined carbohydrates. Enjoy moderate amounts of monounsaturated and polyunsaturated fats in your diet. Cut down on saturated fats and avoid trans fats.

Watch the balance. Taking in more calories than you burn off adds extra pounds. Burning off more calories than you take in shaves pounds. A moderately active person who gets about 30 minutes of exercise a day needs 15 calories of food for each pound of body weight. To lose a pound a week, you need to lop off about 500 calories a day by becoming more active and eating less.

Step up activity. If you are struggling to maintain a healthy weight or need to lose weight, the 2005 Dietary Guidelines for Americans recommend 60 to 90 minutes a day of moderate activity. You can work out in one daily session or shorter bouts at least 10 minutes long. Walking is safe for practically everyone. Talk to your doctor if you'd like to include more vigorous activities, which give you twice the bang for your exercise buck — that is, one minute of vigorous activity equals roughly two minutes of moderate activity.

CBD OIL: ALL THE RAGE, BUT IS IT SAFE AND EFFECTIVE?

By Dennis Thompson
HealthDay Reporter, WebMD 2018

Cannabidiol (CBD) oil has become the hot new product in states that have legalized medical marijuana. The non-intoxicating marijuana extract is being credited with helping treat a host of medical problems -- everything from epileptic seizures to anxiety to inflammation to sleeplessness.

But experts say the evidence is scant for most of these touted benefits.

Worse, CBD is being produced without any regulation, resulting in products that vary widely in quality, said Marcel Bonn-Miller, an adjunct assistant professor of psychology in psychiatry at the University of Pennsylvania School of Medicine.

"It really is the Wild West," Bonn-Miller said. "Joe Bob who starts up a CBD company could say whatever the hell he wants on a label and sell it to people."

Cannabidiol is extracted from the flowers and buds of marijuana or hemp plants. It does not produce intoxication; marijuana's "high" is caused by the chemical tetrahydrocannabinol (THC).

CBD oil is legal in 30 states where medicinal and/or recreational marijuana is legal, according to *Governing* magazine. Seventeen additional states have CBD-specific laws on the books, according to *Prevention* magazine. Those are Alabama, Georgia, Indiana, Iowa, Kentucky, Mississippi, Missouri, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin and Wyoming.

Strong Evidence for Treating Epilepsy

Only one purported use for cannabidiol, to treat epilepsy, has significant scientific evidence supporting it.

Last month, a U.S. Food and Drug Administration advisory panel unanimously recommended approval of the CBD medication Epidiolex to treat two rare forms of childhood epilepsy.

"That's really the only area where the evidence has risen to the point where the FDA has said this is acceptable to

approve a new drug," said Timothy Welty, chair of the department of clinical sciences at Drake University's College of Pharmacy and Health Sciences, in Des Moines, Iowa.

For the rest of CBD's potential uses, there is simply too little evidence to make a firm conclusion.

For example, some human clinical trials suggest that CBD could be effective in treating symptoms of anxiety, particularly social anxiety, Bonn-Miller said.

#####

Yet, in a separate article published by AARP, seniors are turning to CBD oil for pain management and other health issues. Nancy Giacobbe has been a medical marijuana cardholder since the legalization of medicinal use of the plant in California in 2008. But in 2014, her husband Chris had trouble sleeping due to painful spasms and tremors caused by treatments for a rare form of cancer. While Giacobbe, 61, had used the plant for its psychoactive properties (i.e., the high produced by tetrahydrocannabinol, or THC) she soon saw the medicinal benefits of the plant's other, lesser-known compound — cannabidiol, or CBD — when Chris began to use it for his pain.

Giacobbe realized Chris could just use CBD without psychoactive effects. "When he would sleep, his face would just be at peace," Giacobbe says.

CBD, which comes in a wide variety of forms including salves, edibles and oils, does not produce the high typically associated with marijuana. But CBD seems to help people deal with pain, inflammation and even seizures, although even medical researchers and professionals aren't sure why it works, how it works or even how much to use for what ailments.

Her husband passed away three years ago, but Giacobbe, who lives in Bodega Bay, Calif., now uses topical CBD for her arthritis, which has the potential to severely hinder her work as an aesthetician because she uses her hands every day. She can use the CBD ointment during the day because it causes no side effects and has no smell. At night, she says, "I put the salve on my hands and put on cotton gloves. Within an hour, I'm a happy person and can do a full 35-hour workweek."

Giacobbe is just one of many older adults who now use CBD as a treatment — both with and without a prescription — for mental and physical health issues.

As of March 2018, in Colorado, one of nine states in which marijuana is legal for recreational use (the others being Alaska, California, Maine, Massachusetts, Nevada, Oregon and Washington, as well as the District of Columbia), people 50 and older now

make up more than 36 percent of patients on the medical marijuana registry.

“We see really great interest amongst seniors,” says Martin Lee, director of the Northern California nonprofit Project CBD, which promotes the use of the compound as a natural alternative to traditional forms of drug therapy.

Mikhail Kogan, M.D., medical director of the George Washington University Center for Integrative Medicine, has prescribed CBD for his patients since the compound was legalized for medical use in the District of Columbia in 2011. Kogan says cannabinoids are “safer than Tylenol or caffeine by tenfold. If you compare them to opiates, they're about 10,000 times safer.” He recommends placing a few drops of the oil under the tongue.

All cannabis is illegal on the federal level. But cannabis-based CBD products with THC are widely available in states where it is legal.

These products have varying ratios of CBD to THC, and because there are no official medical guidelines on dosage, patients are left to determine for themselves how much to take or how to modify their ratio. “You have to find the point at which you're comfortable, hopefully, and that will include as much THC as works per person,” Lee says. “Some people do better at higher doses of CBD. Some people can tolerate higher doses of THC.”

For those in states where it is not legal, however, the CBD available is derived from industrial hemp, which is cannabis with a negligible amount of THC. This makes it impossible to modify the ratio as there is no THC present, which means there are fewer products to choose from. And since there is no FDA approval of these products, it can be hard to trust that what you're buying actually is what's advertised.

CBD's cost is not uniform either. Depending on the dosage, strain and dispensary, it can cost from \$100 to \$1,000 a month. In California, for example, there is a 15 percent excise tax, plus an additional cultivation tax, which means a \$50 bottle of CBD oil can cost about \$65. You also have to pay for it out of pocket; private health insurance and Medicare don't cover CBD due to the federal illegality of cannabis.

Even as CBD's popularity has grown, the medical community is still not sure how it works scientifically. “It clearly has some anti-inflammatory effects, but the exact mechanism is still not known,” says Pal Pacher, a pharmacologist and cardiologist at the National Institutes of Health, who has conducted studies on the compound.

Clinical trials both in the U.S. and around the world have shown that CBD works. The compound has been proven to dramatically reduce seizures in children with rare forms of epilepsy,

and in 2017, GW Pharmaceuticals submitted Epidiolex, a pure CBD plant extract, to the FDA for approval as an epilepsy drug. It received a recommendation for approval from an administration advisory panel in April.

While there is growing interest among scientists to study CBD's causes and effects, researchers are hindered by marijuana's Drug Enforcement Agency Schedule I classification, meaning it is considered in the same drug class as heroin.

CBD and cannabis are excellent components of his care model because of their documented use throughout history. "Cannabis use goes back in every existing society," he says.

Lee, who uses CBD to help with his own health issues stemming from a stroke in 2006, sees people 50 and older as the critical generation that is turning back the stigma of cannabis-based therapy.

"It's the baby boomers," he says. "We have all sorts of health problems. Cannabis can really speak to a lot of those problems."

SLEEP TIPS FOR OLDER ADULTS

FROM HELPGUIDE 2019

As we age, we often experience normal changes in our sleeping patterns, such as becoming sleepy earlier, waking up earlier, or experiencing less deep sleep. However, disturbed sleep, waking up tired every day, and other symptoms of insomnia are **not** a normal part of aging.

Sleep is just as important to our physical and emotional health as it was when we were younger. These tips can help you overcome age-related sleep problems, get a good night's rest, and improve the quality of your waking life.

Why is sleep so important for older adults?

A good night's sleep is especially important to older adults because it helps improve concentration and memory formation, allows your body to repair any cell damage that occurred during the day, and refreshes your immune system, which in turn helps to prevent disease.

- Older adults who don't sleep well are more likely to suffer from depression, attention and memory problems, excessive

- daytime sleepiness, and experience more nighttime falls.
- Insufficient sleep can also lead to serious health problems, including an increased risk of cardiovascular disease, diabetes, weight problems, and breast cancer in women.

How many hours of sleep do older adults need?

While sleep requirements vary from person to person, most healthy adults require 7.5 to 9 hours of sleep per night. However, how you feel in the morning is more important than a specific number of hours. Frequently waking up not feeling rested or feeling tired during the day are the best indications that you're not getting enough sleep.

Insomnia and aging tip 1: Understand how sleep changes as you age

As you age your body produces lower levels of growth hormone, so you'll likely experience a decrease in slow wave or deep sleep (an especially refreshing part of the sleep cycle). When this happens you produce less melatonin, meaning you'll often experience more fragmented sleep and wake up more often during the night. That's why many of us consider ourselves "light sleepers" as we age.

You may also:

- Want to go to sleep earlier in the evening and wake up earlier in the morning.
- Have to spend longer in bed at night to get the hours of sleep you need, or make up the shortfall by taking a nap during the day.

In most cases, such sleep changes are normal and don't indicate a sleep problem.

Sleep problems not related to age

At any age, it's common to experience occasional sleep problems. However, if you experience any of the following symptoms on a regular basis, you may be dealing with a sleep disorder:

- Have trouble falling asleep even though you feel tired
- Have trouble getting back to sleep when awakened
- Don't feel refreshed after a night's sleep
- Feel irritable or sleepy during the day
- Have difficulty staying awake when sitting still, watching television, or driving
- Have difficulty concentrating during the day
- Rely on sleeping pills or alcohol to fall asleep
- Have trouble controlling your emotions

Tip 2: Identify underlying problems

Many cases of insomnia or sleep difficulties are caused by underlying but very treatable causes. By identifying all possible causes, you can tailor treatment accordingly.

- Are you under a lot of stress?
- Are you depressed? Do you feel emotionally flat or hopeless?
- Do you struggle with chronic anxiety or worry?
- Have you recently gone through a traumatic experience?
- Are you taking any medications that might be affecting your sleep?
- Do you have any health problems that may interfere with sleep?

Common causes of insomnia and sleep problems in older adults

Poor sleep habits and sleep environment. These include irregular sleep hours, consumption of alcohol before bedtime, and falling asleep with the TV on. Make sure your room is comfortable, dark and quiet, and your bedtime rituals conducive to sleep.

Pain or medical conditions. Health conditions such as a frequent need to urinate, pain, arthritis, asthma, diabetes, osteoporosis, nighttime heartburn, and Alzheimer's disease can interfere with sleep. Talk to your doctor to address any medical issues.

Menopause and postmenopause. During menopause, many women find that hot flashes and night sweats can interrupt sleep. Even post menopause, sleep problems can continue. Improving your daytime habits, especially diet and exercise, can help.

Medications. Older adults tend to take more medications than younger people and the combination of drugs, as well as their side-effects, can impair sleep. Your doctor may be able to make changes to your medications to improve sleep.

Lack of exercise. If you are too sedentary, you may never feel sleepy or feel sleepy all the time. Regular aerobic exercise during the day can promote good sleep.

Stress. Significant life changes like retirement, the death of a loved one, or moving from a family home can cause stress. Nothing improves your mood better than finding someone you can talk to face-to-face.

Lack of social engagement. Social activities, family, and work can keep your activity level up and prepare your body for a good night's sleep. If you're retired, try volunteering, joining a seniors' group, or taking an adult education class.

Sleep disorders. Restless Legs Syndrome (RLS) and sleep-disordered breathing—such as snoring and sleep apnea – occur more frequently in older adults.

Lack of sunlight. Bright sunlight helps regulate melatonin and your sleep-wake cycles. Try to get at least two hours of sunlight a day. Keep shades open during the day or use a light therapy box.

Tip 3: Improve sleep habits

In many cases, you can improve your sleep by addressing emotional issues, improving your sleep environment, and choosing healthier daytime habits. Since everyone is different, though, it may take some experimentation to find the specific changes that work best to improve your sleep.

Encourage better sleep at night

Naturally boost your melatonin levels. Artificial lights at night can suppress your body's production of melatonin, the hormone that makes you sleepy. Use low-wattage bulbs where safe to do so, and turn off the TV and computer at least one hour before bed.

Don't read from a backlit device at night (such as an iPad). If you use a portable electronic device to read, use an eReader that requires an additional light source.

Make sure your bedroom is quiet, dark, and cool, and your bed is comfortable. We often become more sensitive to noise as we age, and light and heat can also cause sleep problems. Using a sound machine, ear plugs, or a sleep mask can help.

Use your bedroom only for sleep and sex. By not working, watching TV, or using your computer in bed, your brain will associate the bedroom with just sleep and sex.

Move bedroom clocks out of view. The light can disrupt your sleep and anxiously watching the minutes tick by is a surefire recipe for insomnia.

Keep a regular bedtime routine for better sleep

Maintain a consistent sleep schedule. Go to bed and wake up at the same times every day, even on weekends.

Block out snoring. If snoring is keeping you up, try earplugs, a white-noise machine, or separate bedrooms.

Go to bed earlier. Adjust your bedtime to match when you feel like going to bed, even if that's earlier than it used to be.

Develop soothing bedtime rituals. Taking a bath, playing music, or practicing a relaxation technique such as meditation or deep breathing can help you wind down before bed.

Limit sleep aids and sleeping pills. Many sleep aids have side effects and are not meant for long-term use. Sleeping pills don't address the causes of insomnia and can even make it worse in the long run.

Combine sex and sleep. Sex and physical intimacy, such as hugging, can lead to restful sleep.

How to nap

If you don't feel fully alert during the day, a nap may provide the energy you need to perform fully for the rest of the day. Experiment to see if it helps you.

Some tips for napping:

- **Short** – Naps as short as five minutes can improve alertness and certain memory processes. Most people benefit from limiting naps to 15-45 minutes. You may feel groggy and unable to concentrate after a longer nap.
- **Early** – Nap early in the afternoon. Napping too late in the day may disrupt your nighttime sleep.
- **Comfortable** – Try to nap in a comfortable environment

preferably with limited light and noise.

Tip 4: Use diet and exercise to improve sleep

Two of the daytime habits that most affect sleep are diet and exercise. As well as eating a sleep-friendly diet during the day, it's particularly important to watch what you put in your body in the hours before bedtime.

Diet tips to improve sleep

Limit caffeine late in the day. Avoid coffee, tea, soda, and chocolate late in the day.

Avoid alcohol before bedtime. It might seem that alcohol makes you sleepy, but it will actually disrupt your sleep.

Satisfy your hunger prior to bed. Have a light snack such as low-sugar cereal, yogurt, or warm milk.

Cut down on sugary foods. Eating a diet high in sugar and refined carbs such as white bread, white rice, pasta, and French fries can cause wakefulness at night and pull you out of the deep, restorative stages of sleep.

Avoid big meals or spicy foods just before bedtime. Large or spicy meals may lead to indigestion or discomfort.

Try to eat a modest-size dinner at least 3 hours before bedtime.

Minimize liquid intake before sleep. Limit what you drink within the hour and a half before bedtime to limit how often you wake up to use the bathroom at night.

Exercise for overcoming sleep problems

Exercise—especially aerobic activity—releases chemicals in your body that promote more restful sleep. Even if you have mobility issues, there are countless activities you can do to prepare yourself for a good night's sleep. But always consult your doctor before embarking on any new fitness program.

Try:

Swimming/water exercises,

Swimming laps is a gentle way to build up fitness and is great for sore joints or weak muscles. Many community and YMCA pools have swim programs just for older adults, as well as water-based exercise classes.

Dancing. If you love to move to music, go dancing or take a dance class. Dance classes are also a great way to extend your social network.

Lawn bowling, bocce, or pétanque. These ball games are gentle ways to exercise. The more you walk,

and the brisker the pace, the more aerobic benefit you'll experience.

Golfing. Golf is another exercise that doesn't require vigorous movement. Walking adds an aerobic bonus and spending time on the course with friends can improve your mood.

Cycling or running. If you are in good shape, you can run and cycle until late in life. Both can be done outdoors or on a stationary bike or treadmill.

Aerobic exercise helps older adults sleep better

A study at Northwestern University found that aerobic exercise resulted in the most dramatic improvement in quality of sleep, including sleep duration, for middle-aged and older adults with a diagnosis of insomnia.

- The participants exercised for two 20-minute sessions or one 30-to-40-minute session four times per week.
- They worked at 75 percent of their maximum heart rate on at least two activities including walking or using a stationary bicycle or treadmill.
- Their sleep quality improved from a diagnosis of poor sleeper to good sleeper.
- They reported fewer depressive symptoms, more vitality, and less daytime sleepiness.

Tip 5: Reduce mental stress

Stress and anxiety built up during the day can also interfere with sleep at night. It's important to learn how to let go of thoughts and worries when it's time to sleep.

- Keep a journal to record worries before you retire
- On your to-do list, check off tasks completed, list your goals for tomorrow, and then let them go
- Listen to calming music
- Read a book that makes you feel relaxed
- Get a massage from a friend or partner
- Use a relaxation technique to prepare your body for sleep
- Seek opportunities during the day to talk face to face with a friend about what's troubling you

Getting back to sleep at night

As you get older, it's normal to wake up more often during the night. However, if you're having trouble falling back asleep, the following tips may help:

Don't stress. Stressing over the fact that you can't get back to sleep only encourages your body to stay awake. Try to stay out of your head and focus on the feelings and sensations in your body instead.

Make relaxation your goal, not sleep. Try a relaxation technique such as deep breathing or meditation, without getting out of bed. Although not a replacement for sleep, relaxation can still help rejuvenate your body.

Do a quiet, non-stimulating activity. If you've been awake for more than 20 minutes, get out of bed and do a non-stimulating activity, such as reading a book. But keep the lights dim and avoid screens.

Postpone worrying. If you wake during the night feeling anxious about something, make a brief note of it on paper and postpone worrying about it until the next day when it will be easier to resolve.

When to talk to a doctor about sleep problems

If your own attempts to solve your sleep problems are unsuccessful, keep a sleep diary and take it to your doctor. Write down when you use alcohol, caffeine, and nicotine, and keep track of your medications, exercise, lifestyle changes, and recent stresses.

Your doctor may then refer you to a sleep specialist or cognitive behavioral therapist for further treatment, especially if insomnia is taking a heavy toll on your mood and health.

Therapy vs. sleeping pills for insomnia

While sleeping pills and sleep aids can be effective when used sparingly for short-term situations, such as recovery from a medical procedure, they won't cure your insomnia. In fact, they can actually make insomnia worse in the long-term.

Cognitive-behavioral therapy (CBT) is

a form of psychotherapy that treats sleep problems by addressing the negative thoughts, worries, and behavior that prevent you from sleeping well at night.

A study at Harvard Medical School found that CBT was more effective at treating chronic insomnia than prescription sleep medication—but without the risks or side effects. CBT can be conducted individually, in a group, or even online.

THE BEST EXERCISE FOR BRAIN HEALTH

By Len Canter
HealthDay Reporter

There's a lot you can learn from your elders, starting with the results of a multi-year study of exercise and brain health in seniors. Researchers from Columbia University and the University of Miami compared results of two sets of brain scans and tests measuring memory and thinking skills in 876 seniors.

The tests were done five years apart. The investigators found a greater mental decline for those who reported low-activity exercises, such as light walking and yoga, compared to those with high-activity levels and exercises like running and cardio workouts.

The difference was equal to 10 years of brain aging, and that was after taking into account other factors that can influence brain health, such as excess weight, high blood pressure, smoking and drinking, according to the findings published in the journal *Neurology*.

Researchers are also learning about the brain benefits of cardio exercise from lab studies -- those done on animals.

One study found that sustained aerobic activity -- such as daily jogging for several miles at a moderate pace -- can encourage the growth of new brain cells, even later in life.

Research into which specific cardio activities are best for each of the sexes is ongoing, so there's still more to learn. In the future, the goal is to learn more about how to individualize exercise for brain health. This isn't to say that other types of exercise aren't important parts of an overall fitness regimen.

Strength training helps you stay

independent, while yoga, other flexibility exercises and balance work help prevent dangerous falls and keep you limber. It may be hard to begin an exercise program if you've never been active, but it starts with your mindset:

Don't think of exercise as a necessary evil, but rather as something positive you do for yourself because of all the things it gives back.

PREVENTING MUSCLE LOSS AS WE AGE

Sarcopenia, a decline in skeletal muscle in older people, contributes to loss of independence.

By Jane E. Brody
New York Times, Sept. 3, 2018

“Use it or lose it.” I’m sure you’re familiar with this advice. And I hope you’ve been following it. I certainly thought *I* was. I usually do two physical activities a day, alternating among walking, cycling and swimming.

I do floor exercises for my back daily, walk up and down many stairs and

tackle myriad physical tasks in and around my home. My young friends at the Y say I’m in great shape, and I suppose I am compared to most 77-year-old women in America today.

But I’ve noticed in recent years that I’m not as strong as I used to be. Loads I once carried rather easily are now difficult, and some are impossible.

Thanks to an admonition from a savvy physical therapist, Marilyn Moffat, a professor at New York University, I now know why. I, like many people past 50, have a condition called sarcopenia — a decline in skeletal muscle with age.

It begins as early as age 40 and, without intervention, gets increasingly worse, with as much as half of muscle

mass lost by age 70. (If you're wondering, it's replaced by fat and fibrous tissue, making muscles resemble a well-marbled steak.)

“Sarcopenia can be considered for muscle what osteoporosis is to bone,” Dr. John E. Morley, geriatrician at Saint Louis University School of Medicine, wrote in the journal *Family Practice*. He pointed out that up to 13 percent of people in their 60s and as many as half of those in their 80s have sarcopenia.

Do You Have Sarcopenia? To help doctors screen patients for serious muscle loss, Dr. John E. Morley and Theodore K. Malmstrom devised a simple questionnaire that anyone can use.

It asks how difficult it is for you to lift and carry 10 pounds, walk across a room, transfer from a chair or bed or climb a flight of 10 stairs. It also asks how often you have fallen in the past year. The more challenging these tasks and more often you've fallen, the more likely you have sarcopenia.

As Dr. Jeremy D. Walston, geriatrician at Johns Hopkins University School of Medicine, put it, “Sarcopenia is one of the most important causes of functional decline and loss of independence in older adults.”

Yet few practicing physicians alert their older patients to this condition

and tell them how to slow or reverse what is otherwise an inevitable decline that can seriously impair their physical and emotional well-being and ability to carry out the tasks of daily life. Sarcopenia is also associated with a number of chronic diseases, increasingly worse insulin resistance, fatigue, falls and, alas, death. A decline in physical activity, common among older people, is only one reason sarcopenia happens. Other contributing factors include hormonal changes, chronic illness, body-wide inflammation and poor nutrition.

But — and this is a critically important “but” — no matter how old or out of shape you are, you can restore much of the strength you already lost. Dr. Moffat noted that research documenting the ability to reverse the losses of sarcopenia — even among nursing home residents in their 90s — has been in the medical literature for 30 years, and the time is long overdue to act on it.

In 1988, Walter R. Frontera and colleagues at the Department of Agriculture Human Nutrition Research Center on Aging at Tufts University demonstrated that 12 previously sedentary men aged 60 to 72 significantly increased their leg strength and muscle mass with a 12-week strength-training program three times a week.

Two years later in JAMA, Dr. Maria A. Fiatarone and colleagues at the Tufts research center reported that eight weeks of “high-intensity resistance training” significantly enhanced the physical abilities of nine frail nursing home residents aged 90 and older. Strength gains averaged 174 percent, mid-thigh muscle mass increased 9 percent and walking speed improved 48 percent.

So, what are you waiting for? If you’re currently sedentary or have a serious chronic illness, check first with your doctor. But as soon as you get the go-ahead, start a strength-training program using free weights, resistance bands or machines, preferably after taking a few lessons from a physical therapist or certified trainer.

Proper technique is critical to getting the desired results without incurring an injury. It’s very important to start at the appropriate level of resistance. Whether using free weights, machines, bands or tubes, Dr. Moffat offers these guidelines:

“Start with two repetitions and, using correct form through the full range of motion, lift slowly and lower slowly. Stop and ask yourself how hard you think you are working: ‘fairly light,’ ‘somewhat hard’ or ‘hard.’ If you respond ‘fairly light,’ increase the weight slightly, repeat the two reps and ask yourself the same question. If you respond ‘hard,’ lower the weight

slightly and do two reps again, asking the question again.

“If you respond truthfully ‘somewhat hard,’ you are at the correct weight or machine setting to be exercising at a level that most people can do safely and effectively to strengthen muscles. Continue exercising with that weight or machine setting and you should fatigue after eight to 12 reps.”

Of course, as the weight levels you’re working at become easier, you should increase them gradually or increase the number of repetitions until you fatigue. Strength-training will not only make you stronger, it may also enhance bone density.

The fact that you may regularly run, walk, play tennis or ride a bike is not adequate to prevent an incremental loss of muscle mass and strength even in the muscles you’re using as well as those not adequately stressed by your usual activity. Strengthening all your skeletal muscles, not just the neglected ones, just may keep you from landing in the emergency room or nursing home after a fall.

Dr. Morley, among others, points out that adding and maintaining muscle mass also requires adequate nutrients, especially protein, the main constituent of healthy muscle tissue. Protein needs are based on a person’s ideal body weight, so if you’re

overweight or underweight, subtract or add pounds to determine how much

protein you should eat each day. To enhance muscle mass, Dr. Morley said that older people, who absorb protein less effectively, require at least 0.54 grams of protein per pound of ideal body weight, an amount well above what older people typically consume.

Thus, if you are a sedentary aging adult who should weigh 150 pounds, you may need to eat as much as 81 grams (0.54 x 150) of protein daily.

To give you an idea of how this

translates into food, 2 tablespoons of peanut butter has 8 grams of protein; 1

cup of nonfat milk, 8.8 grams; 2 medium eggs, 11.4 grams; one chicken drumstick, 12.2 grams; a half-cup of cottage cheese, 15 grams; and 3 ounces of flounder, 25.5 grams. Or if you prefer turkey to fish, 3 ounces has 26.8 grams of protein.

“Protein acts synergistically with exercise to increase muscle mass,” Dr. Morley wrote, adding that protein foods naturally rich in the amino acid leucine — milk, cheese, beef, tuna, chicken, peanuts, soybeans and eggs — are most effective.

7 AGE-RELATED PAINS AND HOW TO EASE THEM

By Camille Noe Pagán, WebMD

Got aches? You're in good company. Around 100 million Americans have some sort of chronic pain, meaning the long-term kind that sticks around after an injury or illness. And millions more have from short-term (acute) pain.

Some types are more common during certain times of your life. “Knowing that may help you be ready for them, and sometimes even avoid irritation or injury in the first place,” says Jonathan L. Glashow, MD, chief of sports medicine at Mount Sinai Medical Center in New York City. Here are

seven types of pain you need to know about and tips to manage them.

1. Lower Back Pain

It's the most common type of chronic pain in America.

“If you're under 50 and haven't had a back injury, your back pain is likely the result of sitting for long stretches. That puts too much pressure on the discs in your back,” says Robert Fay, PT, owner of Armonk Physical Therapy and Sports Training in New York.

Older adults, on the other hand, are more likely to have back pain from conditions like arthritis, Fay says.

Most likely to strike: During your 30s and 40s, but it can happen at any age.

Ease the ache: Strength-training and cardio exercise are both helpful. “They increase blood flow, and help you build your core muscles, which support your spine. And that reduces pressure,” Fay says. Start slow and see a pro if you’re not sure what exercises to do.

Physical therapy is another option. Your therapist can show you exercises that may help you move better and relieve pain.

Over-the-counter medicines like acetaminophen and ibuprofen may also help, though you shouldn’t use them for more than a few days without your doctor’s OK.

Some people find using a heating pad eases pain, too.

Call your doctor if you have severe back pain or if you’ve been hurting for more than a week.

2. Headaches

Regular ones and migraines -- a type of headache that may cause other symptoms, like nausea -- are the second most common type of chronic pain.

Experts aren’t sure exactly what causes them, but “they can be triggered by things like muscle tension, dehydration, your period, stress, weather changes, and certain foods, like chocolate,” says Jacob Teitelbaum, MD, author of *Pain Free 1-2-3*.

Most likely to strike: Between your 20s and 50s.

Ease the ache: If your headache is just in your forehead and temple area, it could be a tension headache. It might help to massage the area that hurts or apply menthol cream on your forehead or the base of your neck, Teitelbaum says.

Pain meds like acetaminophen, ibuprofen, or a medicine especially for migraines that contains caffeine, acetaminophen, or aspirin, can offer relief --but don’t take it for more than 3 days without talking to your doctor. Your doctor might also recommend prescription migraine medicine.

3. Osteoarthritis (OA)

This common condition happens when the protective cartilage between your

joint and bone breaks down, causing pain in those joints, like hands, knees, and hips. “Osteoarthritis is often the result of age-related changes, or an injury or wear-and-tear from a sport or another activity,” Fay says.

Most likely to strike: During your 60s and 70s. Thirty-three percent of adults over age 60 have OA.

Ease the ache: Staying physically active is key. “It keeps blood circulating, which can keep your joints healthy and reduce pain. And it strengthens the muscles around the joint, taking pressure off the joint and bone,” Fay says.

If you're new to exercise or have severe arthritis, talk to your doctor first. Another treatment option: Some people find relief by applying heat when their joints are stiff, and ice when they're swollen. Medicines that you take by mouth or put directly on your skin may also help. Talk to your doctor. He may suggest over-the-counter or prescription pain medicine.

4. Non-Arthritis Joint Pain

Pain that feels like it's in or around the joints -- and that isn't the result of OA -- is usually tendinitis, says Glashow. “That's an inflammation of the tendon, which is a band of tissue that connects your muscles to your bones,” he explains. (With arthritis, it's usually tough or painful to get moving. With tendinitis, the more you move, the more pain you have.) It's often caused by activities that involve repetitive motion, like golfing and shoveling.

Most likely to strike: Over age 40. As you get older, your tendons become less elastic and are more prone to injury.

Ease the ache: Use RICE, which stands for rest, ice, compression, and elevation. Take a break from activities that aggravate your joint. Put an ice pack on the sore area. Wrap it in a bandage, and prop up the area (for example, put your leg on a pillow or two if your knee hurts). Take an NSAID -- a nonsteroidal anti-inflammatory medicine, like ibuprofen or naproxen -- to ease inflammation. Talk to your doctor if you're not improving after a week.

5. Pelvic Pain

One in seven women between the ages of 18 and 50 gets chronic pelvic pain. It can feel sharp or like a dull ache. It's pain that's not caused by your period. It may be the result of another condition, like endometriosis or IBS (irritable bowel syndrome).

Most likely to strike: Between the ages of 18 and 50.

Ease the ache: Over-the-counter pain medicines can help. But call your doctor if you have below-the-belt pain that lasts more than a few days. “Don't wait until it gets unbearable,” says Deborah Clements, MD, a family medicine doctor at Northwestern Medicine in Illinois.

The treatment you need depends on the cause of your pelvic pain. It may include physical therapy, and

prescription painkillers, or muscle relaxing medicine.

6. Carpal Tunnel

This condition happens when a nerve that runs from your arm to your palm becomes pressed or squeezed. It causes pain in your fingers and wrist, and numbness or tingling, too. It's often caused by repetitive motion (for example, from typing or using machinery). But other things, like a family history of carpal tunnel syndrome, arthritis, and menopause-related hormone changes, also up your odds of getting it.

Most likely to strike: During your mid-40s to mid-60s.

Ease the ache: Talk to your doctor if you think have this condition. He may suggest exercise, occupational and physical therapy, and short-term use of over-the-counter pain relievers. But in some cases, surgery is the best way to treat carpal tunnel syndrome.

7. Muscle Strain or Pain

“As you begin to age, your muscle fibers become less dense, which makes them less flexible and more prone to injury and soreness,” Clements says. That can raise the odds of having soreness after activities you used to do with no problem, like gardening or exercise.

Most likely to strike: You're more likely to get a muscle strain with every passing decade.

Ease the ache: “The best thing you can do is to try to avoid hurting yourself in the first place,” Clements says. Don't lift, push, or pull heavy items without help. Stretching and exercises like yoga and Pilates can help keep your muscles long and limber, and can help when you're feeling sore, too.

If your muscles are hurting, try RICE therapy and over-the-counter pain medicine. See your doctor if you're in a lot of pain.

INTRODUCING A NEW OLLI TIMES FEATURE

A TIME IN MY LIFE

Each of us has led a most interesting life, filled with events and occurrences that are unique. Just like there are no two snowflakes alike, so it can be said that each person has led a life like no other. And by this new feature column, it is hoped you as OLLI members will share an experience or event that remains with you to this day.

Sharing A TIME IN MY LIFE” accomplishes three things. First, it opens up the memory banks and allows you to share a part of your life. Second, it brings members closer to one another. And third, it allows you to make the OLLI Times a more interesting publication. After all, the OLLI Times is about people, and who are more interesting than our members!

So, we ask you this. In no more than 300 words, tell us about a most significant or interesting event, activity, occurrence, etc., in your life. Don’t worry about grammar or spelling; that’s what editors are for. And, along with a photo, send your article to me at waas01@comcast.net. And in addition to sharing your story, you’ll become part of the permanent collection of the OLLI Times as a contributing writer. How bad can that be?

George Waas
Editor

For publication in the OLLI times send your information to George
and Harriet Waas at waas01@comcast.net

Do you have an idea for a class?

Please submit any ideas for future OLLI classes and instructors to
Carroll Bewley, OLLI's Curriculum Team Chair at
carroll.bewley@gmail.com



The Osher Lifelong Learning
Institute at
Florida State University

