

WHEN SHOULD YOU CONSULT?

A few tests you can do yourself...



NICE

National Initiative for the Care of the Elderly
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A self-assessment brochure: for whom and why?

This brochure is intended for all those who care about their health as they age. It contains seven chapters that are not directly linked to one another. Each chapter addresses a common health problem that should be detected and treated as early as possible and that is easy for people to assess themselves with no special medical knowledge.

For each topic covered in the brochure, there is a test or short questionnaire to complete. Depending on the results, we recommend that you talk to your doctor, who will reassure you or decide on further testing and, as appropriate, possible treatment.

The content of this brochure is far from exhaustive. Some health concerns are not presented, simply because there are no easy tests that you can do yourself. Whatever your concern, don't tell yourself that it's normal at your age. Don't hesitate to talk to your doctor or another health professional.



Hearing well: one of the challenges of aging

The loss of auditory cells causes some hearing impairment starting at the age of 30 to 40 years. This normal phenomenon may be aggravated by repeated exposure to loud noise, at work or play. At first, the difficulty in hearing high-pitched sounds is imperceptible. Over the longer term, hearing loss can prevent us from properly understanding conversations, even though we can hear them. The progression varies greatly from one person to another: after the age of 65 years, about one in three people have hearing loss that is disabling in daily life, and this proportion rises with age. It becomes particularly difficult to follow a group discussion, telephone conversation or television program. Communication difficulties are very frustrating and can affect social relationships.

Although substantial progress has been made in the field of hearing aids, which are now much more discreet and powerful, there is still a negative image associated with hearing difficulties. This may explain why only a quarter of people with moderate to serious hearing loss wear a device. But people are doing themselves a disservice by ignoring hearing problems. If they wait too long, the brain loses the ability to interpret auditory signals, which makes wearing a device unpleasant (perception of strange or annoying sounds). It then takes some time to relearn how to hear. That's why adapting to a device requires perseverance until the proper setting is found. It should also be noted that an ordinary problem like wax blockage may sometimes cause hearing loss.

Assess your hearing by answering the following questions

Source: Adapted from the Hearing Handicap Inventory for the Elderly – Short Form (HHIE-S)

Does a hearing problem cause you to...	No (0 points)	Sometimes (1 point)	Yes (2 points)
... have difficulty understanding when someone speaks in a whisper?			
... feel embarrassed when meeting new people?			
... feel frustrated when talking to members of your family?			
... feel handicapped by your hearing?			
... have difficulty when visiting friends, relatives or neighbours?			
... attend conferences, shows or religious services less often than you would like?			
... have arguments with family members?			
... have difficulty when listening to television or radio?			
... feel that your hearing limits or hampers your personal or social life?			
... have difficulty when in a restaurant with relatives or friends?			

Results

Score 0 points for each “No,” 1 point for each “Sometimes” and 2 points for each “Yes.”

Total your score:

- » If you scored from **0 to 4** points: you do not seem to have any hearing problems. Redo this test about once a year.
- » If you scored from **5 to 12** points: your hearing ability seems to be reduced. It is recommended that you talk to your doctor or have your hearing tested more accurately by a hearing health care professional (hearing aid practitioner).
- » If you scored from **13 to 20** points: your hearing is significantly reduced. It is important that you talk to your doctor or have your hearing tested more accurately by a hearing health care professional (hearing aid practitioner).

Vision problems: don't wait too long

Perfect visual acuity means a person can see well both near and far. As people age, their vision tends to diminish somewhat. Brighter lighting may be needed to read, sew or do crafts. While this may be a normal phenomenon, reduced vision may become disabling for reading the newspaper, or even dangerous, particularly when driving. That is why it is worthwhile to have your vision checked regularly.

The most common visual problem is presbyopia, which affects practically everyone from the age of 40 to 50 years. Presbyopia is due to the aging of the lens of the eye, which makes it difficult to see near. Reading glasses are then needed.

As well, certain eye conditions can cause age-related vision loss, including cataracts, glaucoma and macular degeneration. There are specific treatments for each of these conditions. It is important to identify and take care of them before they worsen. This chapter describes these three conditions and provides a few vision tests that you can do yourself.

If you feel that you might have vision problems that match the descriptions given in this chapter, and you have not had a recent eye exam, consulting an ophthalmologist or your doctor will help you identify what options can be considered to improve your vision.

Of course, it is also recommended that you consult a professional when you have symptoms such as difficulty in estimating distances, blurred vision or loss of colour vision, increased sensitivity to light, flashes or spots in the visual field. People with diabetes should, in any case, have an annual examination by an ophthalmologist.

Cataracts

- » Do you sometimes feel like you have a veil in front of your eyes (like in the bottom photo below)?
- » Are you sometimes blinded by car headlights or bright lights?

If so, this may be due to a cataract.



Normal vision



Vision with a cataract

Cataracts are caused by a clouding of the lens of the eye. They are not painful and may be due to aging or aggravated by certain diseases, such as diabetes. Cataracts may occur in either or both eyes, and they affect almost everyone over the age of 85 to 90 years. Cataracts are treated by replacing the lens of the eye with a kind of small transparent lens called an implant, during a short procedure under local anesthetic.

Glaucoma

- » Do you sometimes feel that you don't see as well to the sides (like in the bottom photo below)?

This could be a sign of glaucoma.



Normal vision



Vision with glaucoma

Sometimes, glaucoma sets in aggressively. The eye becomes red and very painful, with a significant loss of vision, and immediate intervention is required.

Much more often, glaucoma is linked to a painless increase in pressure within the eye, which may go unnoticed. In the long term, this may cause irreversible loss of vision, so it is important to have your eye pressure checked regularly. Drug or laser treatment can slow or halt the progression of the disease.

Age-Related Macular Degeneration (AMD)

- » Do you sometimes have the impression that lines are wavy instead of straight?

This could indicate macular degeneration, which changes your vision like in the photo below.



Normal vision



Vision with AMD

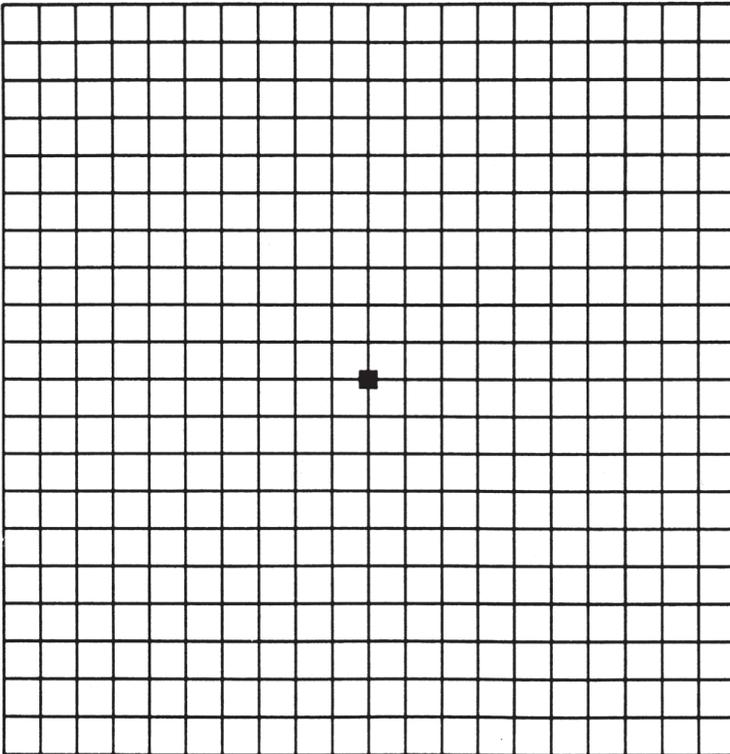
This disease, the causes of which are still relatively unknown, affects about one in ten people after the age of 80 years.

At first, vision may be slightly blurred and straight lines may sometimes appear wavy, then the loss of vision in the centre of the visual field worsens, making it increasingly difficult to read, recognize faces and accomplish daily tasks. Even with all the efforts made in recent years, treatment remains limited for certain forms of the disease. But macular degeneration may be treated effectively in some cases, which is why it is important to detect it on time, in order to limit the loss of vision.

Check for AMD with the Amsler grid

Source: Amsler grid

- » Look at the grid from a reading distance (around 30 to 40 cm), with your glasses, if you wear any to read.
- » Cover the left eye and look at the dot in the centre of the grid with your right eye:
 - Are the lines straight?
 - Are the squares all the same size?
- » Repeat the test with the other eye.
- » If, after having repeated the test during the day, you see any wavy lines or distorted or blurry areas, it would be advisable to consult an ophthalmologist without delay.



Sleep apnea: an under-recognized disorder

Sleep apneas are brief pauses in breathing that occur repeatedly during sleep. Several symptoms may draw attention to this disorder. Snoring is frequent among individuals with sleep apneas, but many people snore without being affected.

Sleep apnea causes chronic fatigue, because sleep is disturbed. But these pauses in breathing are also dangerous in the long term, as people with sleep apnea have an increased risk of heart attacks, strokes and depression. They also risk getting drowsy during the day, which could cause car accidents.

This disorder can affect both men and women of any age, especially if they smoke or are significantly overweight. A large proportion of people with sleep apnea are not aware that they have this disorder. In fact, it is often their loved ones who notices the breathing pauses during their sleep.

It is important to identify the factors that can be controlled to improve the situation and reduce the risk of complications. In less severe cases, if those affected lose some extra weight, avoid sleeping on their backs, limit their consumption of alcohol and sleeping medication, or quit smoking, this could be enough for them to sleep well again. Depending on the severity of the disorder, the use of a breathing device at night may become necessary.

Assess your risk of sleep apnea

Source: Adapted from the Berlin Questionnaire

	Never or almost never (1-2 times a week) Don't know (0 points)	Yes, at least 3-4 times a week (1 point)
Do you snore and/or stop breathing during your sleep?		
Do you feel tired when you wake up and/or during the day?		
	No / Don't know (0 points)	Yes (1 point)
Have you ever nodded off or fallen asleep while driving?		
Do you have high blood pressure and/or are you significantly overweight?		

Results

If you scored 2 points or more, we recommend that you talk to your doctor.

Prostate disorders: a very widespread problem among men

People will usually talk about the prostate only when there is a problem. As men age, the prostate tends to increase in size, such that symptoms are experienced among a large proportion of men over the age of 50 years. In fact, the bladder does not always empty properly or completely. It becomes necessary to go to the bathroom more often, including at night, and there is a risk of incontinence.

If the symptoms become disabling, drug or surgical treatment will be needed. Recent surgical techniques have become simpler, and procedures can sometimes be done on an outpatient basis and have fewer repercussions on sexual function than before.

Check for possible symptoms of an enlarged prostate

Source: Adapted from the International Prostate Symptom Score (I-PSS)

During the last month or so, how often have you...	Never (0 points)	About 1 in 5 times (1 point)	About 1 in 3 times (2 points)	About 1 in 2 times (3 points)	About 2 in 3 times (4 points)	Almost always (5 points)
... had a sensation of not emptying your bladder completely after you finish urinating?						
... had to urinate again less than two hours after you finished urinating?						
... found you stopped and started again when you urinated?						
... found it difficult to postpone urination?						
... had a weak urinary stream?						
... had to push or strain to begin urination?						
Over the past four weeks, how often have you...	Never (0 points)	1 time (1 point)	2 times (2 points)	3 times (3 points)	4 times (4 points)	5 times + (5 points)
... had to get up to urinate during the night?						

Results

Score 0 points for each “Never,” 1 point for each “About 1 in 5 times,” and so on.

Total your score:

- » If you scored from **0 to 7 points**: you do not seem to have any significant symptoms. Redo this test in about one year.
- » If you scored from **8 to 19 points**: you seem to be suffering from rather bothersome symptoms. Even if this may be embarrassing for you, it is advisable that you talk to your doctor.
- » If you scored from **20 to 35 points**: your symptoms are significantly bothering you. Even if this may be embarrassing for you, it is important that you talk to your doctor.

Will an enlarged prostate lead to cancer? The two are not necessarily related. Currently, it is recommended that men aged from 50 to 74 years be tested once a year for prostate cancer by their doctor, usually through a digital rectal exam. A blood test to measure the prostate-specific antigen (PSA) level is not recommended in all cases and should be discussed with your doctor.

Urinary incontinence: a persistent taboo affecting mostly women

Urinary incontinence has significant consequences on quality of life: physical activities and outings are reduced, and social life is affected. Around 15% to 30% of women over the age of 50 years suffer from urinary incontinence. Among men, this is often a prostate problem (see previous chapter).

Unfortunately, urinary incontinence often remains untreated, as it is estimated that fewer than half of affected women talk to their doctor about this problem. The belief that it is normal to have this kind of problem as people age is still too widespread. As well, doctors do not systematically ask questions in this regard.

There are several types of urinary incontinence. In cases of effort incontinence (also known as stress incontinence), loss of urine occurs while coughing, sneezing, laughing, or lifting heavy objects. Urge incontinence involves a sudden, urgent and uncontrollable need to urinate, leading to urine leakage when it is not possible to get to a bathroom on time.

Depending on the cause and type of incontinence, different treatments may be proposed, including physiotherapy, medications or even surgery. But several simple measures can already improve the situation, like going to the bathroom at regular times, and limiting intake of tea and coffee, especially at the end of the day. Avoiding certain drugs (sleeping medications) or changing others (certain high blood pressure medications) is often sufficient to resolve the problem.

Check for possible incontinence

Source: What Older Women Want (<http://www.wowhealth.ca>)

Do you have urine leakage related to coughing, sneezing, laughing or physical effort?

Do you have urine leakage following a strong and sudden desire to urinate?

Do you have urine leakage following sexual relations?

Do you have urine leakage without the desire to urinate?

Results

If you answered yes to any of these questions, you probably have urinary incontinence. Even if this is embarrassing for you, it is worthwhile to talk to your doctor and undergo appropriate tests.

Depressive disorders: two questions to ask yourself

As we get older, we are unfortunately more commonly faced with difficult events, like disease or mourning. It is normal to have feelings of sadness or discouragement following events of this kind, but we cannot let this become permanent or feel that life no longer seems worth living.

Certain depressive symptoms may occur in anyone from time to time, especially during a difficult period. If these symptoms are persistent or present almost every day, this may be a depression. Typical symptoms of depression are loss of interest in activities usually enjoyed, unexplained lack of energy, permanent discouragement or despair. Depression often comes with sleep, appetite or memory problems, or pains or difficulties in accomplishing activities of daily living.

Check for possible depressive disorders

Source: Adapted from Whooley MA, *Journal of General Internal Medicine* 1997

During the past month, have you been bothered by feeling down, depressed or hopeless?

During the past month, have you been bothered by little interest or pleasure in doing things?

Results

If you answered yes to at least one of these two questions, you may be suffering from depression. Even if this may not be easy, it is worthwhile to talk to your doctor, as effective treatments do exist.

Caring for a loved one: don't let yourself get overwhelmed

Nowadays, more and more older people are called on to provide occasional or regular assistance to a spouse, parent, loved one or neighbour (family caregivers). Caring for an elderly loved one is nothing new, especially for women who are often drawn upon in this regard, but two aspects make things more difficult today. Firstly, women more often work outside the home than before, and the caregiving represents an additional task. Secondly, because of longer life expectancies, people often have to care for a loved one when they are themselves elderly and possibly in frail health. Family caregivers risk seeing their own health deteriorate, all the more so since they lack time to take care of themselves, even going as far as postponing their own medical appointments.

Caring for an elderly loved one may involve very different situations, depending on the extent and the cause of the loss of independence. While offering help to ensure transportation or manage finances may be rewarding, providing daily assistance with meals or personal hygiene sometimes leads to burnout, as a result of both the physical and emotional involvement. For loved ones, seeing someone they care for lose the ability to accomplish simple tasks on their own is both painful and distressing. In the case of dementia, lack of recognition and relational difficulties make things even more frustrating. In addition, there may sometimes be financial considerations, as well as family and social repercussions.

In comparison with the help provided by medical and social services, family caregivers ensure most of the assistance and care required by the dependent persons. They often feel that it is their role to assist their loved ones and sometimes hesitate to ask for help, even when home care services exist. Since the risk of burnout and depression is not negligible, family caregivers should be encouraged to try to define the limits of their commitment and to delegate certain tasks in order to take some time for themselves.

If you must regularly provide assistance or care, the following test will help you better assess the possible negative repercussions of this support on your well-being.

Assess your risk of fatigue as a family caregiver

Source: Translated and adapted from Dr. V. Revel Da Rocha, L'Année g rontologique 2002

	Never (0 points)	Sometimes (0.5 point)	Often (1 point)
Is caring for your parent or loved one causing:			
...difficulties in your family life?			
...difficulties in your relationships with your friends, in your recreational activities or in your work?			
...repercussions on your health (physical and/or mental)?			
Do you feel that you no longer recognize your parent or loved one?			
Do you fear for the future of your parent or loved one?			
Do you want (more) help to care for your parent or loved one?			
Do you feel burdened by caring for your parent or loved one?			

Results

Score 0 points for each “Never,” ½ point for each “Sometimes” and 1 point for each “Often.”

Total your score:

- » If you scored less than 3 points: you do not seem to be overly suffering from the situation. Don't hesitate to ask for help if necessary, and don't forget to take some time for yourself.
- » If you scored from 3 to 4½ points: you should consider asking for help in order to delegate certain tasks, for example, by seeking home care services.
- » If you scored 5 points or more: you seem to be seriously suffering from the situation. You must delegate certain tasks, by seeking home care services. We recommend that you talk to your doctor about your concerns, especially if you feel depressed.

But there's more...

This brochure covers a few topics chosen based on the possibility of self-testing to identify potential health problems. Such tests do not exist for certain other concerns or diseases that are still common but require assessment by health professionals.

Chronic pain, for example, affects nearly half of people aged over 65 years, but some consider that, at their age, it is normal to feel pain, such as joint pain. While it may sometimes be difficult to treat the cause of the pain, it is worthwhile to contact your doctor again if a treatment does not seem to be sufficiently effective, and to sometimes try several different treatments.

Memory loss is another source of concern for many people of a certain age, who fear the onset of dementia. Often, elderly people have simple memory lapses, resulting from the fact that the memorization process becomes less effective with age. It may be necessary for them to find strategies, like writing down what they are afraid of forgetting, and to exercise their memory by doing crossword puzzles or mental math, for example. However, these lapses may also signal the onset of dementia, especially when these people also experience new difficulties, for instance, in making payments or finding their words, or have mood swings. If you have any concerns about your memory or that of a loved one, don't hesitate to talk to your doctor. A dementia diagnosis involves extensive testing and also requires the exclusion of other causes of memory disorders, such as depression.

Other problems, such as balance disorders, falls and many other conditions, should not be trivialized. Lastly, whatever concern you may have about your health, it deserves to be investigated by a health professional. There is no reason to accept health problems as an inevitable part of aging.





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