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Healthy Aging: The Whole Woman Approach

Abstract

The purpose of chapter 37 is to emphasize the potential for healthy aging. We know that our bodies change with age. Skin begins to lose its elasticity, wrinkles emerge, bones may become more brittle, muscle tone diminishes, and we gain weight more readily. Chronic conditions that have been forming for years may finally manifest as full-blown symptoms claiming our attention. Our energy levels may be lower, almost as though our vital force is leaking away. Still, there is potential for vibrant health if these challenges are approached with the proper perspective and if we are equipped with the best of integrative medicine. When thinking about how to support patients in their efforts to age healthfully, it is important for health professionals to move away from the perception of aging as a problem to be solved, and rather to reconfigure the concept of aging.

Keywords

Obstetrics and Gynaecology, Allied Health Professions, Complementary and Alternative Medicine

Disciplines

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37

Healthy Aging: The Whole Woman Approach

ELIZABETH R. MACKENZIE AND BIRGIT RAKEL

"Age has its own glory, beauty, and wisdom that belong to it. Peace, love, joy, beauty, happiness, wisdom, goodwill, and understanding are qualities that never grow old or die."

Joseph Murphy

Introduction

Aging is not a disease. Growing old is a natural process, the denouement in the narrative of a woman's life. The purpose of this chapter is to emphasize the potential for *healthy aging*. We know that our bodies change with age. Skin begins to lose its elasticity, wrinkles emerge, bones may become more brittle, muscle tone diminishes, and we gain weight more readily. Chronic conditions that have been forming for years may finally manifest as full-blown symptoms claiming our attention. Our energy levels may be lower, almost as though our vital force is leaking away. Still, there is potential for vibrant health if these challenges are approached with the proper perspective and if we are equipped with the best of integrative medicine. When thinking about how to support patients in their efforts to age healthfully, it is important for health professionals to move away from the perception of aging as a problem to be solved. As Andrew Weil, MD, has noted a crucial component of the healthy aging paradigm is to reconfigure the concept of aging.

I'm interested in the areas of our experience in which we value aging. I want to consider old trees, cheese, wine, whiskey, and steak. What are the qualities that we appreciate in aged things I think they include roundedness and smoothness as opposed to angularity and a kind of deep strength combined with mellowness (Weil 2001).

A key to healthy aging is the understanding that achieving good health does not necessarily mean having *perfect* health. It is possible to live fully while managing a chronic condition or coping with a disability. Wholeness does not

require a perfect body, free from all flaws and disorders. However, the healthier we can get, the stronger we will feel in our bodies, and the more fully our lives can unfold. What we are after here is excellent energy, strong bodies, flexible forms, calm minds, and joyful spirits.

Women age differently, based on genetics, lifestyle, life events, social support, mental outlook, and other factors, both known and unknown. The life force is an important but often mysterious ally for health professionals. Most of us have met older women who are thriving despite a lifetime of smoking, drinking, and sedentary living, while others, conscientious about their health, are beset with illness. We can influence, but not control, health. The idea is to guide patients toward activities and interventions that will increase the probability of good health.

This is decidedly not an "antiaging" chapter, and we will not refer to "turning back the hands of time" or use similar metaphors. Actually, "antiaging" is a strange term, since we begin to age at birth. Being born sets the aging process in motion and only death can stop it. Our goals, as health professionals, should be to extend life while enhancing quality of life by preventing disease when possible and otherwise by managing it optimally.

The Conventional Approach to Aging

Conventional approaches to aging have strengths. Medicine is very good at screening, the treatment of acute illness, and dealing with advanced disease states. Cancer, for example, is no longer the "death sentence" it once was, and long-term survival rates for certain forms of cancer are quite high. However, it should be noted that *screening*, is not a good substitute for *prevention* and conventional medicine has not had a good track record on the health promotion side of the equation.

The biggest failing of conventional medicine with regard to aging, though, is its tendency to view aging as a pathology, rather than a natural stage in the life-cycle. The most obvious recent example is the conventional approach to menopause. For decades, hormone replacement therapy (HRT) was the standard response to changing hormonal levels in middle-aged women. At least two generations of American women were strongly encouraged to replace their hormones as they were tapering off during menopause. Then, the Women's Health Initiative (WHI) trial was stopped early when researchers realized that the risks of cardiovascular disease and breast cancer associated with hormone therapy were greater than its benefits (Heiss et al. 2008). This finding was confirmed when national breast cancer rates fell after a widespread cessation of HRT in response to media coverage (Heiss et al. 2008).

Nutrition and Aging

Eating fresh fruits and vegetables, whole grains and avoiding overly processed foods, is a central part of establishing a healthy diet. Specific considerations related to healthy aging include vegetarianism, calorie restricted diets, and the need for supplementation.

VEGETARIANISM

Some evidence suggests that vegetarianism promotes longevity. Singh et al. report that, "Current prospective cohort data from adults in North America and Europe raise the possibility that a lifestyle pattern that includes a very low meat intake is associated with greater longevity" (Singh et al. 2003). However, other large-scale European studies suggest that it may not be eschewing meat that is the critical factor, but adhering to a diet high in whole grains, vegetables, and fruit (Ginter 2008; Sabate 2003). Vegetarians do seem to have less incidence of ischemic heart disease, lower prevalence of obesity, and higher consumption of antioxidants (Ginter 2008). While these studies do not constitute a total indictment of meat consumption, they do point to the health benefits of reducing—but not necessarily eliminating—meat consumption, and focusing the diet on whole grains, vegetable, and fruits. Patients who choose to adhere to a strict vegetarian diet should make sure they are not deficient in essential nutrients. Lacto-ova vegetarians have an easier time getting enough protein and B vitamins than vegans. Most vegans will need to supplement their diet with sublingual B12 vitamins or use Brewer's yeast.

CALORIE RESTRICTED DIETS

Eating less as we age may promote longevity. Mice and fruit flies kept on a drastically calorie restricted diet lived significantly longer than their well-fed relatives. What this implies for human health is a bit speculative, but at least one study of elders in Okinawa seems to support the notion that consuming fewer calories in late life helps people live longer. Willcox et al. (2007) conducted a study of calorie restriction and longevity that found a strong correlation between the two. Calorie restriction (CR) refers to diets based on a 1400–2000 daily calorie intake (compared with the 2000–3000 calories considered normal). Although

most CR studies have been performed using animal models, evidence is accumulating that "that CR provides a powerful protective effect against secondary aging in humans." For example "risk factors for atherosclerosis and diabetes are markedly reduced in humans on CR" (Holloszy and Fontana 2007).

Detoxification: Key to preventing disease or expensive hoax?

Although we may not like to reflect on this, we are surrounded by varying levels of potentially dangerous chemicals in the air, the water, the soil and our own bodies. "Different toxins accumulate in different tissues with many toxins being stored in lipid deposits where they can persist over the lifespan. It is possible that these toxins contribute to the development of cancers of the breast, prostate and leukaemias which all originate in fatty tissues" (Cohen 2007: 1009).

Many proponents of various detox programs believe that fasting, special diets, juices, colonics, saunas, sweat lodges, chelation therapy, and so on can be used to detoxify the body. There is little scientific evidence to support the effectiveness of detoxification programs (Cohen, "Detox or Sales Pitch" *Australian Family Physician* 2007). However, as women may be exploring these options on their own, physicians should be aware of these practices.

SUPPLEMENTS

Although it is optimal to receive all necessary vitamins and minerals through food, many older adults may need to supplement their diets. Here a few of the most popular supplements for older women.

Calcium

Calcium's main role as a supplement is in the treatment of osteoporosis. Dietary sources are calcium rich foods such as dairy, dark green leafy vegetable, and beans. Calcium supplementation in the elderly and postmenopausal women helps reduce bone loss (Devine et al. 1997; Napoli et al. 2007; Reid et al. 1993). Some studies have found that calcium may also lower blood pressure (Conlin et al. 2000; Wang et al. 2008). Calcium supplementation is safe when used orally, but some patients might experience GI symptoms such as nausea, constipation, and abdominal pain.

Vitamin D

Vitamin D has been in the news frequently in the recent past as it may play a critical role in providing protection from osteoporosis (Deane et al. 2007) and from cancer (Lappe et al. 2007; Schumann et al. 2007). Vitamin D supplementation may promote longevity in general (Autier and Gandini 2007). Populations who may be at a high risk for vitamin D deficiencies include the elderly, and those who have limited sun exposure.

Omega-3 Fatty Acids (Fish Oils)

Epidemiologic studies and randomized controlled trials have shown that taking recommended amounts of DHA and EPA in the form of dietary fish or fish oil supplements lowers triglycerides, reduces the risk of death, heart attack, dangerous abnormal heart rhythms, and strokes in people with known cardiovascular disease; slows atherosclerotic plaques; and lowers blood pressure (Kris-Etherton et al. 2003; Morris et al. 1993). The American Heart Association recommends that fish should be included in the diet for all individuals and fish oil supplements in those with a history of cardiovascular disease. Omega-3 fatty acids, particularly DHA, appear to reduce the risk of developing sight-threatening forms of age-related macular degeneration (SanGiovanni et al. 2008).

Glucosamine

Glucosamine is an amino-monosaccharide naturally produced in humans. It is believed to play a role in cartilage formation and repair, and thus useful in the treatment of arthritis (Reginster et al. 2001). Many studies, though not all, show glucosamine to be an effective intervention for relieving the symptoms of osteoarthritis (Vangsness et al. 2009). Typical dosage is 1500 mg/day, although obese patients may require larger dosages (derMarderosian and Briggs 2006).

Ginkgo (*Ginkgo biloba*)

Ginkgo biloba is widely used for its potential effects on memory and cognition. It has remained one of the top-selling dietary supplements in the United States for

many years; however, when looking at the totality of the data, the evidence that ginkgo has predictable and clinically significant benefit for people with dementia or cognitive impairment is inconsistent and unreliable (Birks and Evans 2009). Since many of the ginkgo studies were small in size and short in duration, the National Institutes of Health funded the Ginkgo Evaluation of Memory (GEM) study that would follow more than 3000 participants for an average of 6 years. This study found that *G. biloba* at 120 mg twice a day of standardized extract was not effective in reducing either the overall incidence rate of dementia or Alzheimer's dementia in individuals 75 years and older with normal cognition or those with mild cognitive impairment (DeKosky et al. 2008). Though an increased risk of bleeding has been widely publicized, *G. biloba* appears to be safe in use with no excess side effects compared with placebo (Birks 2009).

Adaptogens

Perhaps the most useful herbs to support older women's overall health belong to the class entitled "adaptogens." These are generally considered to be those that have a modulating effect upon the neuroendocrine system, particularly during periods of stress. Primary botanicals in this class are ashwagandha (*Withania somnifera*), ginseng (*Panax ginseng*), rhodiola (*Rhodiola rosea*), schisandra (*Schizandra chinensis*), codonopsis (*Codonopsis pilosula*), as well as the reishi mushroom (*Ganoderma lucidum*). Since many of these plants/mushrooms are native to Asia and the Indian sub-continent, they have only recently come to the attention of Western researchers. A useful primer on this class of herbs is *Adaptogens: Herbs for Strength, Stamina, and Stress Relief* by David Winston and Steven Maimes (Rochester VT: Healing Arts Press, 2007).

Bodywork: The Importance of Alignment and Touch

Bodywork is an important part of the care of aging women. Massage, chiropractic, and more esoteric practices such as Alexander Technique, Feldenkrais Method, Bowen Work, and so on, may be useful allies in promoting healthy aging. For example, massage can alleviate insomnia, ease pain associated with misalignments, arthritis and tense muscles, speed recovery from surgery, improve blood and lymphatic circulation, and encourage deep relaxation (Kennedy and Chapman 2006). Because many older women are both touch deprived and coping with chronic pain, bodywork modalities should not be overlooked by physicians who care for them. Ideally, practitioners who are experienced with working with older clients are recommended.

Holistic Self-Care: Yoga, Tai Chi, Qigong, and Meditation

Many therapies are available to help women stay physically fit, emotionally balanced, and spiritually connected. A few practices address all three dimensions and receive special mention here: yoga, tai chi, qigong, and meditation. These are all activities that can be begun late in life, and have the added bonus of helping women learn to accept and love their bodies, while enhancing flexibility, balance, strength, cognitive function, and immunity. Health professionals and patients alike can benefit from the regular practice of these activities.

YOGA

"It might surprise you to learn that traditionally, the ideal age to begin the practice of yoga was said to be fifty-three, the age marking one's passage into a new stage of life, one of contemplation and self-discovery" (Alice Christensen, in Butera 2006 p. 199). The word *yoga* means "yoke" or "union" in Sanskrit, referring to the integration of mind, body, and spirit. Yoga can be practiced solely as a physical exercise, though this was not the traditional intent. There are eight "limbs" of yoga and only one of them refers to the physical poses or *asanas*. The other seven are restraint (*yama*), observances (*niyamas*), breath control (*pranayama*), sensory withdrawal (*pratyahara*), and finally concentration, meditation, and perfect concentration.

In the United States, most yoga classes focus on the *asanas* with some inclusion of *pranayama*. Many individuals prefer to work with instructors who understand the deeper dimensions of the practice, and can help them cultivate *prana* (the Sanskrit term for life force), while others are more comfortable approaching yoga as more of a physical exercise. The many different forms of yoga available today in the United States helps to ensure that older adults can find a style that works for them. Among the forms of yoga currently being taught are Iyengar, Ashtanga (or "Power Yoga"), Vinyasa (or "flow yoga"), Bikram (or "hot yoga"). Interviewing yoga instructors about their approach to teaching and the rigors of the class will help patients choose an appropriate style and level.

Yoga promotes health on many levels. Currently, the National Center for Complementary and Alternative Medicine (NCCAM) is funding studies on yoga and arthritis, insomnia, breast cancer, cancer and fatigue, cervical dysplasia, cardiovascular health, asthma, and smoking cessation. According to the NCCAM, scientific evidence suggests that yoga may

- improve mood and sense of well-being
- counteract stress
- reduce heart rate and blood pressure
- increase lung capacity
- improve muscle relaxation and body composition
- help with conditions such as anxiety, depression, and insomnia
- improve overall physical fitness, strength, and flexibility
- positively affect levels of certain brain or blood chemicals (<http://nccam.nih.gov/health/yoga>).

Yoga has become one of the most frequently studied of the mind-body practices, and a comprehensive review of all scientific findings on its health benefits is not possible here. Among the conditions associated with aging that yoga has been found to successfully ameliorate are coronary artery disease, musculoskeletal disorders, and hypertension (Butera 2006).

TAI CHI AND QIGONG

Like yoga, qigong is a practice that promotes a healthy body, mind, and spirit. Both qigong and tai chi are ancient practices rooted in the Chinese philosophy of balancing energies within the body itself and between the body and the environment.

Qi is the Chinese word for 'life energy'. According to Chinese medicine, qi is the animating power that flows through all living things. A living being is filled with it. A dead person has no more qi—the warmth, the life energy is gone.... However, health is more than an abundance of qi. Health implies that the qi in our bodies is clear, rather than polluted and turbid, and flowing smoothly, like a stream, not blocked or stagnant (Cohen, 1997: 3).

Both qigong and tai chi help the practitioner cultivate and circulate qi to support vibrant health. Qigong is the broader term; tai chi is actually a form of qigong. Both practices use slow, precise movements to encourage the flow of

qi. Some forms of qigong emphasize breathing practices and movement, while others focus more on meditative activities.

The possible health benefits from the regular practice of qigong are numerous. Stress reduction, prevention of stroke, decreased hypertension, treatment of arthritis—these are among the many health-promoting effects found in the scientific study of qigong (Chen et al. 2006). Although many of these studies were conducted in China, some U.S. studies are beginning to explore the multiple health benefits of qigong, especially for aging populations. For example, a recent review of clinical trials found that qigong and tai chi “may help older adults improve physical function and reduce blood pressure, fall risk, and depression and anxiety” (Rogers et al. 2009).

MEDITATION

We do not usually associate meditation with physical fitness, but a regular practice can reduce the risk of developing cardiovascular disease (CVD) (Schneider et al. 2006), and may improve immunity (Davidson et al. 2003). From a mind-body perspective, this is not surprising. We would expect the quieting of the mind to help people better cope with stressors, and thus improve their physical health. Even more importantly, meditation assists people in accessing their core spiritual support, allowing them to draw upon inner reserves in times of stress and loss. Numerous studies have found that meditation improves physical, psychological, and spiritual well-being (Yuen and Baime 2006).

There are several forms of meditation practice common in the United States. One of the best known is transcendental meditation (TM). Introduced to Americans by the Maharishi Mahesh Yogi in the 1960s, TM is closely tied to the Indian Vedic tradition (Yuen and Baime 2006: 239). Practitioners are given a mantra (a syllable, word, or phrase) to chant as a tool to achieve a transcendent state of consciousness. Another increasingly popular form of meditation is Mindfulness Meditation (or Mindfulness Based Stress Reduction or MBSR). This form of meditation grew out of the Buddhist tradition, and was shaped by Jon Kabat-Zinn, PhD for use by health professionals and their patients. MBSR has been extensively studied and has been shown to promote health in a variety of ways, including reducing depression and anxiety, decreased perception of pain, less use of medication, better adherence to medical treatments, and increased motivation to make lifestyle changes (Ludwig and Kabat-Zinn 2008).

All three of these activities are holistic self-care practices that enhance the well-being of body, mind, and spirit. Aging women can integrate these practices into their lives to promote both mental and physical health, and because these are *self-care* practices, successfully initiating a regular practice has the added benefit of cultivating a subjective sense of empowerment.

Healthy Aging and Social Connection

It is hard to overestimate the importance of social connection for older adults. Giving and receiving social support may be one of the most important factors in maintaining health in old age (Giles et al. 2005; McReynolds and Rossen 2004).

In a groundbreaking study, Taylor et al. (2000) found that women responded to stress differently from men. Specifically, females' stress responses were characterized by “tend and befriend” activities, rather than “fight or flight” patterns (Taylor et al. 2000). The study found that during times of stress, women tended to engage in nurturing activities (called “tending” by the authors of the study) that “promote safety and reduce distress.” They define “befriending” as the “creation and maintenance of social networks that may aid in this process” (Taylor et al. 2000). The researchers speculate that endorphins and oxytocin play roles in establishing the nurturing activity, while factors like learning and socialization reinforce the behavior. Both oxytocin and endorphins may also contribute to the formation and maintenance of social networks. Social connection may turn out to be a crucial part of our stress-buffering mechanism and healthy immune system functioning, and not just an important factor in psychological health.

These findings, coupled with decades of data on social support and health, suggest that social connection may be an important component of health promotion among older adults (Dupertuis et al. 2001; Fiori et al. 2006; Lyyra and Heikkinen 2006). Older adults are often isolated from their friends and families and must make a great effort to connect with others. Health professionals can support older patients by making recommendations that they seek out social connection, in the same way that they encourage exercise. This may be especially important for unmarried, widowed, and divorced women.

Spirituality and Health

Older adults experience loss on many levels: loss of physical functions, of energy and stamina, of career, status and identity, of independence, and loved ones. Many older women suffer as they lose their conventionally defined physical attractiveness, or their powerful social roles as mothers, homemakers, or professionals. A great number of older women outlive their husbands and must cope with the loss of their marriage, and some must witness the death of beloved adult children. As the popular saying has it, “Old age is not for sissies.” Loss in the outer world offers us the opportunity to turn inward and start soul searching. A solid connection to one's spirituality is a proven psychological coping mechanism for dealing with loss (Pargament 1997).

Compared with younger populations, the aged often face negative stressors that are difficult to control... The aged have a strong need to learn how to accept or to cope with pain, dependency, and their own mortality, while simultaneously enjoying what life still has to offer. For many persons, an acute awareness of the ephemeral nature of life can actually increase one's sense of joy (Ai and Mackenzie 2006).

From this perspective, the negative stressors associated with aging become catalysts for a journey of spiritual growth. Reframing their experience in this way can be enormously helpful to older adults coping with loss, and health professionals should not be reticent to discuss patients' spiritual lives. Although some women may not be open to discussing their spirituality with health professionals, studies indicate that the majority of patients welcome the opportunity (Ehman et al. 1999; McCord et al. 2004).

There is no standard algorithm for addressing the spiritual concerns of patients, and there are as many ways to encourage spiritual exploration as there are people. Patients with ties to traditional religions may just need some encouragement to participate more fully in their congregations. Others can be helped in their journey through meditation, yoga, tai chi or qigong all of which are in essence spiritual disciplines (see above). Gently inquiring into the kinds of activities that help your patient feel more at peace (e.g., walking in nature, gardening, caring for grandchildren) may provide important clues about where her spiritual home is located. The important thing is to acknowledge the connection between health and spirituality, and to let patients know that their moral, metaphysical, and spiritual concerns are an important dimension of their overall well-being. As Larry Dossey MD (2005) wrote, "We find ourselves in society that is spiritually malnourished and hungry for meaning." Health professionals seeking to care for whole persons have an obligation to respond to this hunger.

Conclusion

One of the most important things health professionals can do for their older patients is to introduce them to the idea that they can accept aging as a natural part of the life cycle, without resigning themselves to pain, dysfunction, or decrepitude. Coaching patients to adopt these lifestyle changes can set the stage for healthy aging while maximizing vitality, wholeness, and quality of life. It is appropriate to exhort older women to find ways to restore their vitality, while acknowledging the health challenges inherent in becoming old (Table 37.1).

Table 37.1. The Whole Woman Approach to Healthy Aging: A Clinician's Guide

1. One mind-body practice: meditation, yoga, tai chi, or qigong (daily)
2. Feasible and appropriate exercise routine (3+ days per week)
3. Establish or maintain social network (weekly)
4. Regular bodywork (monthly)
5. A nutrition/supplement plan tailored to the individual
6. Address spiritual concerns as appropriate

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