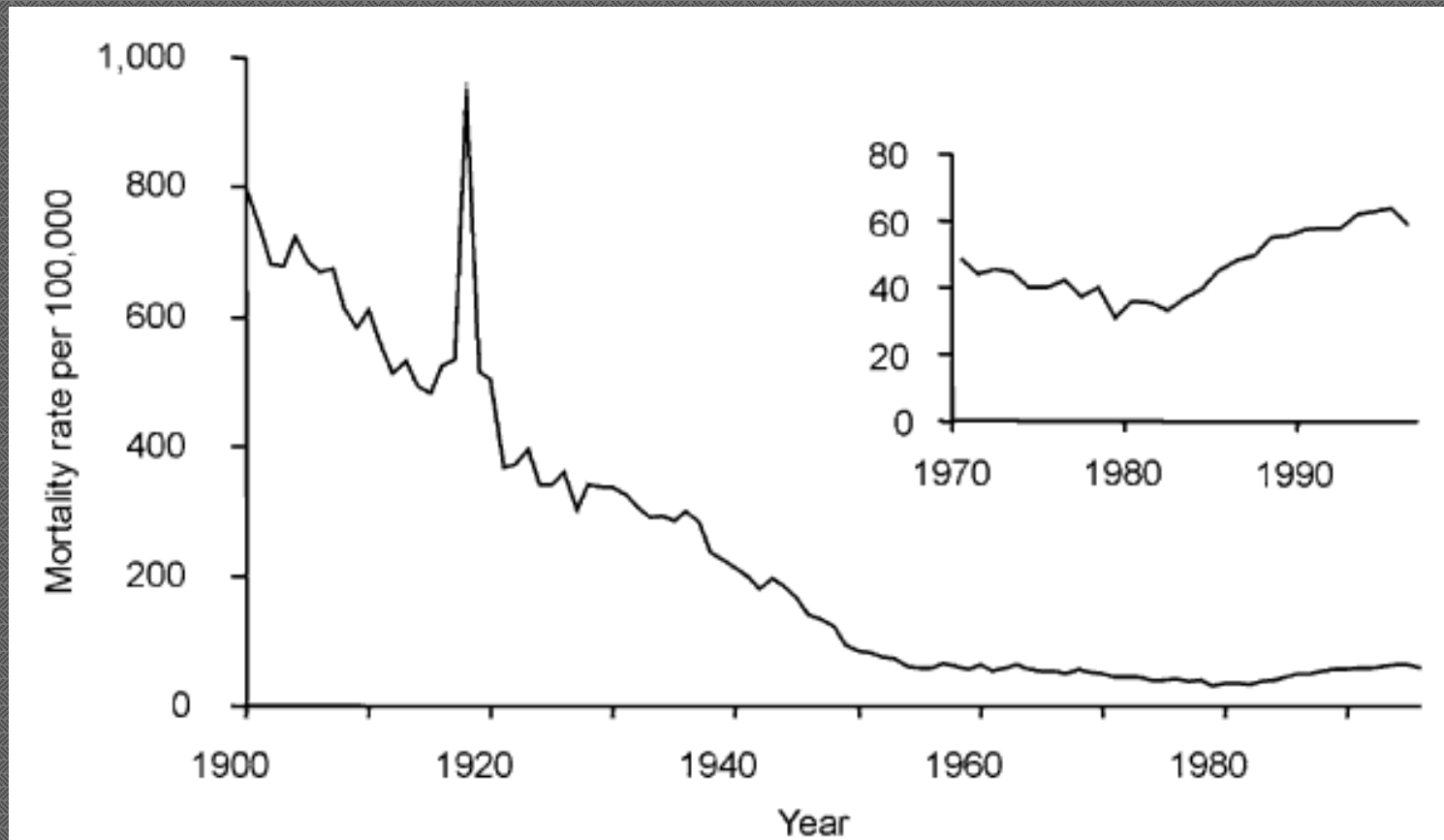




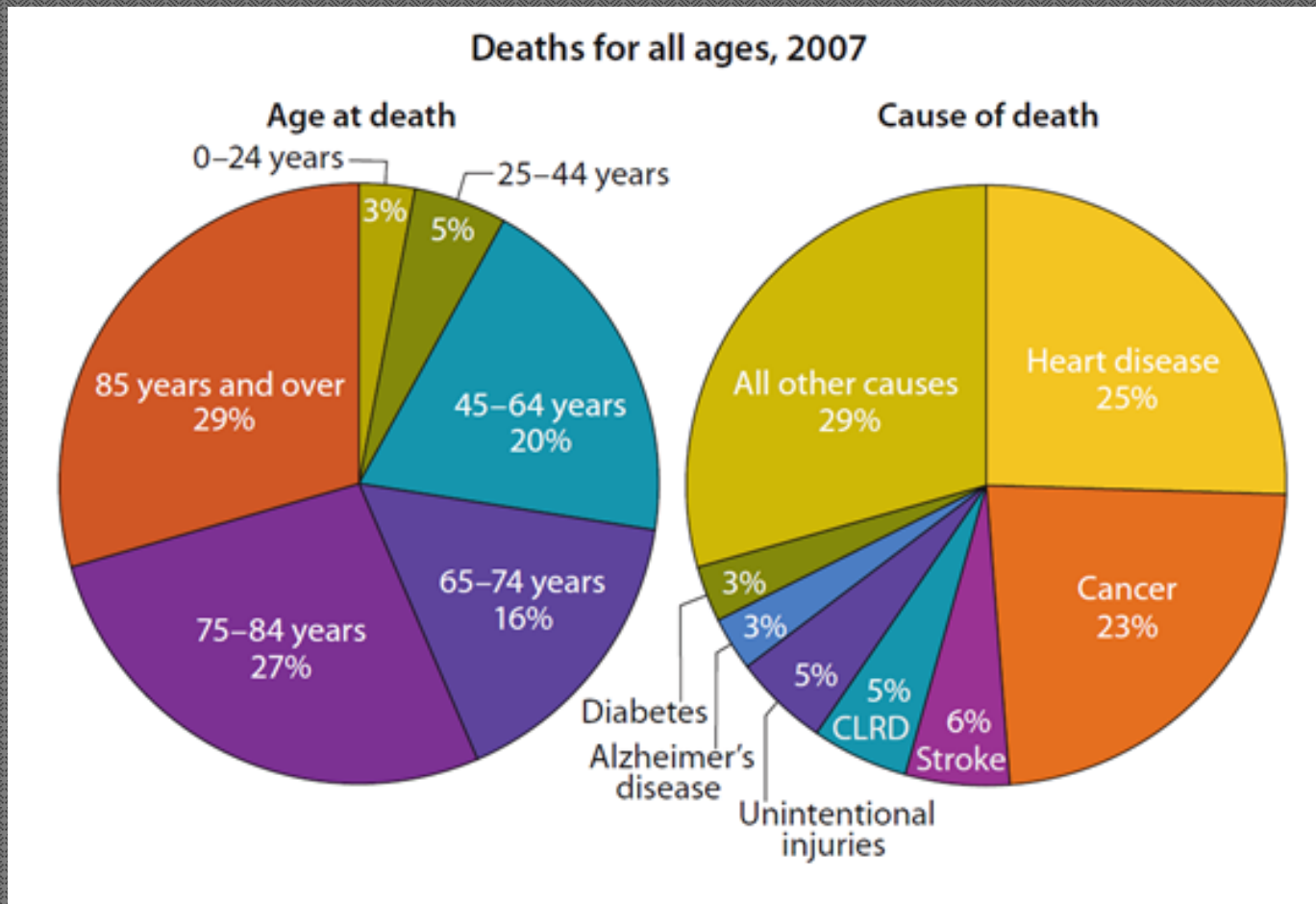
# Wellness in Retirement

May 2012

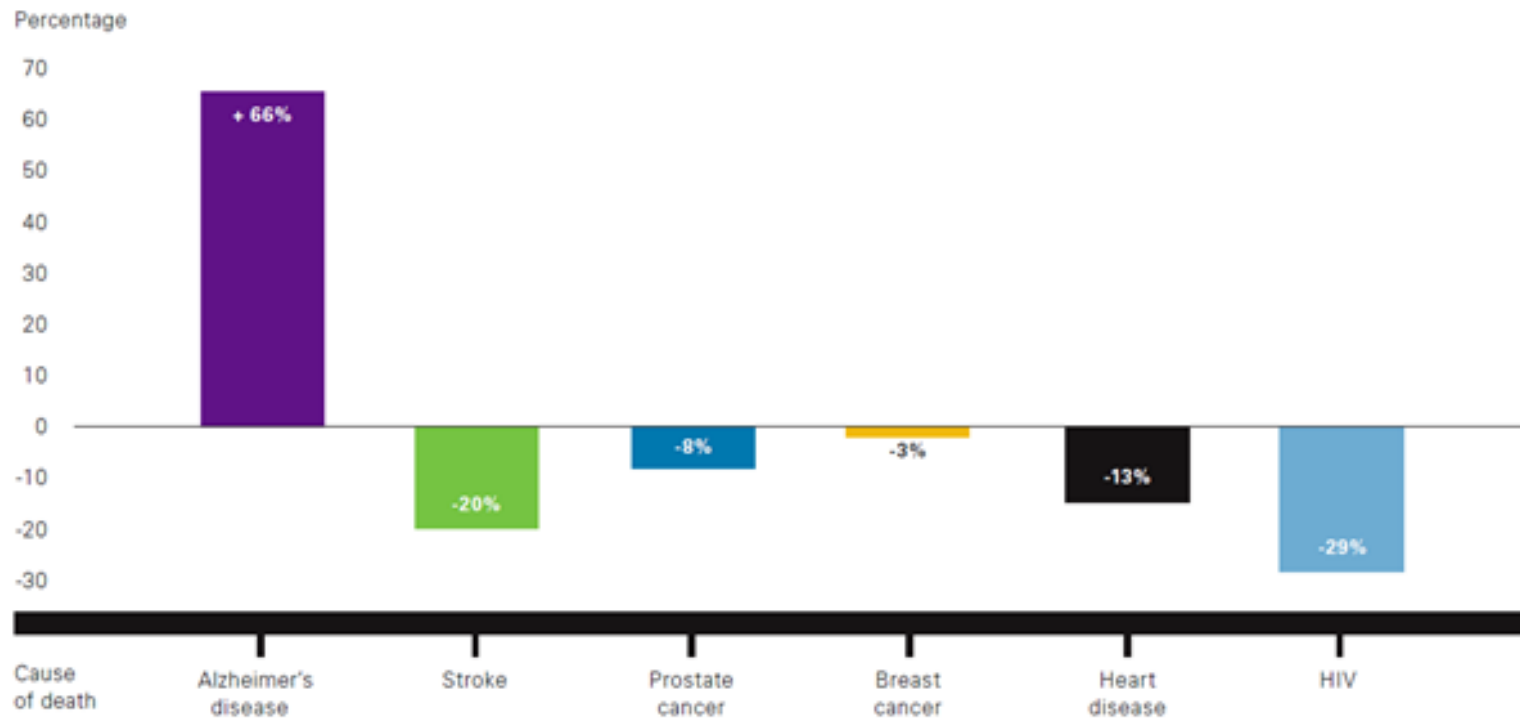
# It Was A Remarkable Century



# Causes of Death for All Ages

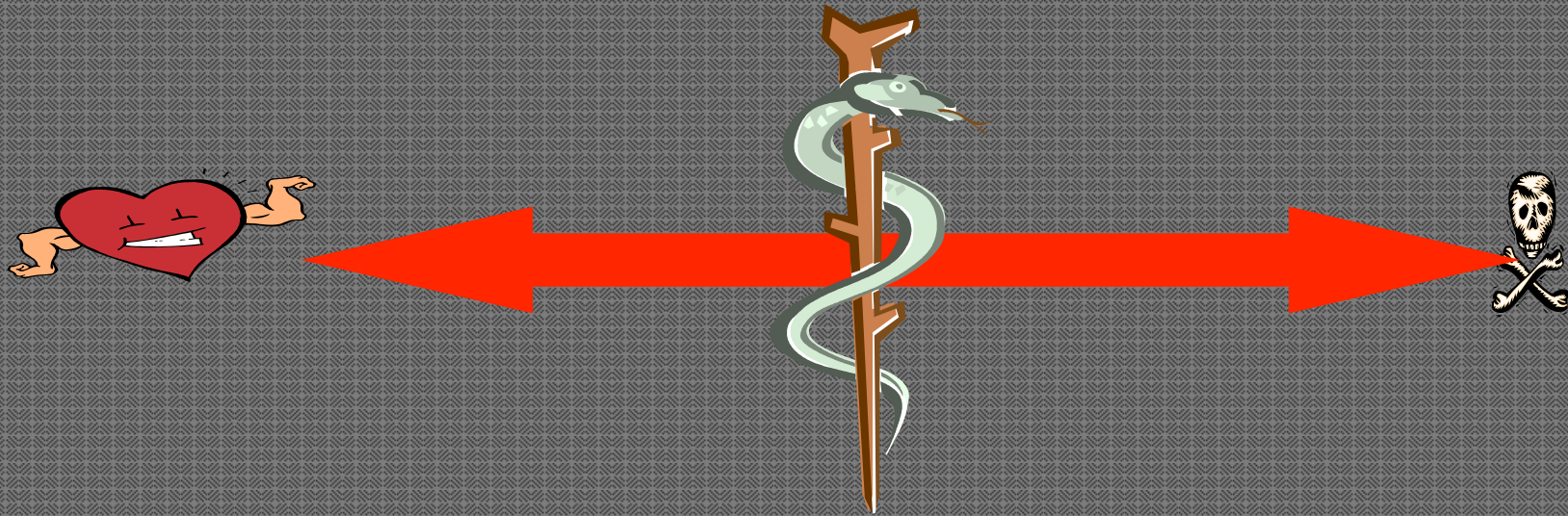


# Changes in Causes of Death: 2000 - 2008



a National Center for Health Statistics. *Deaths: Final Data for 2000*.<sup>803</sup>  
b National Center for Health Statistics. *Deaths: Preliminary Data for 2008*.<sup>678</sup>

# What Helps Us Live Longer?



# What Helps Us Live Longer?



Diet

Exercise

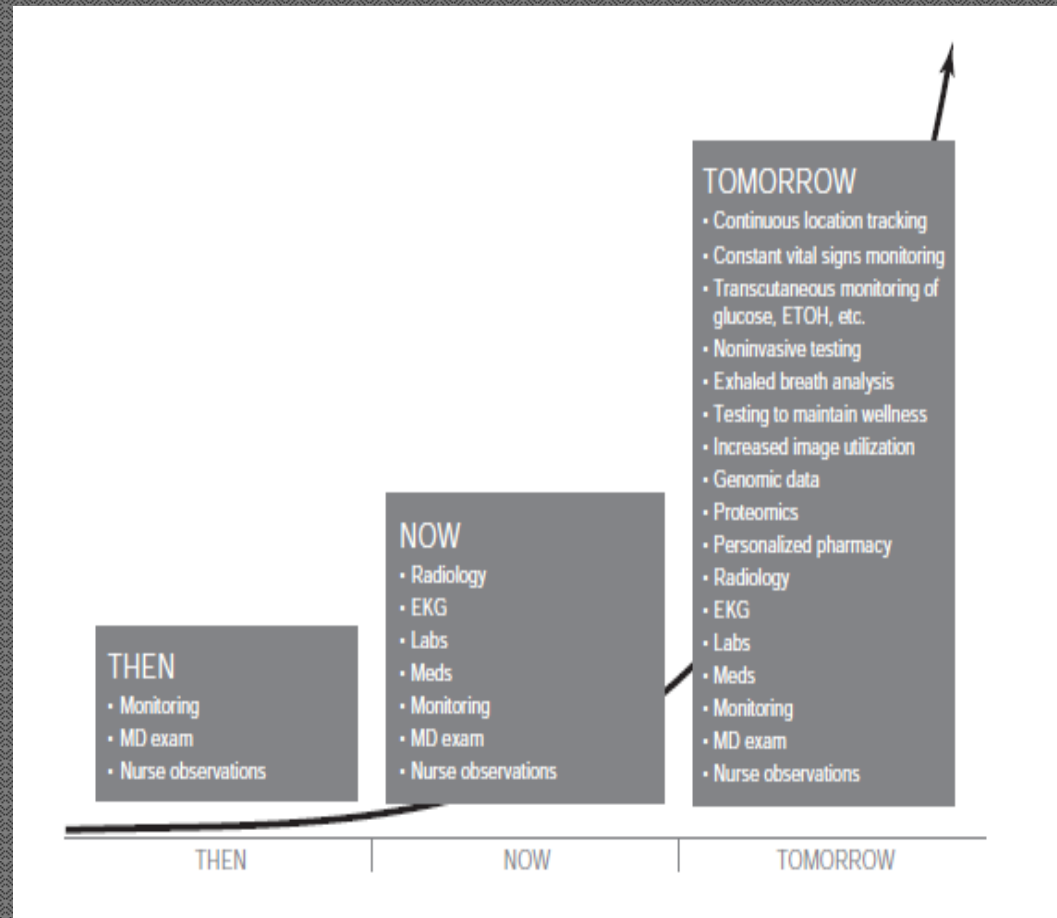


Supplements

Behavior



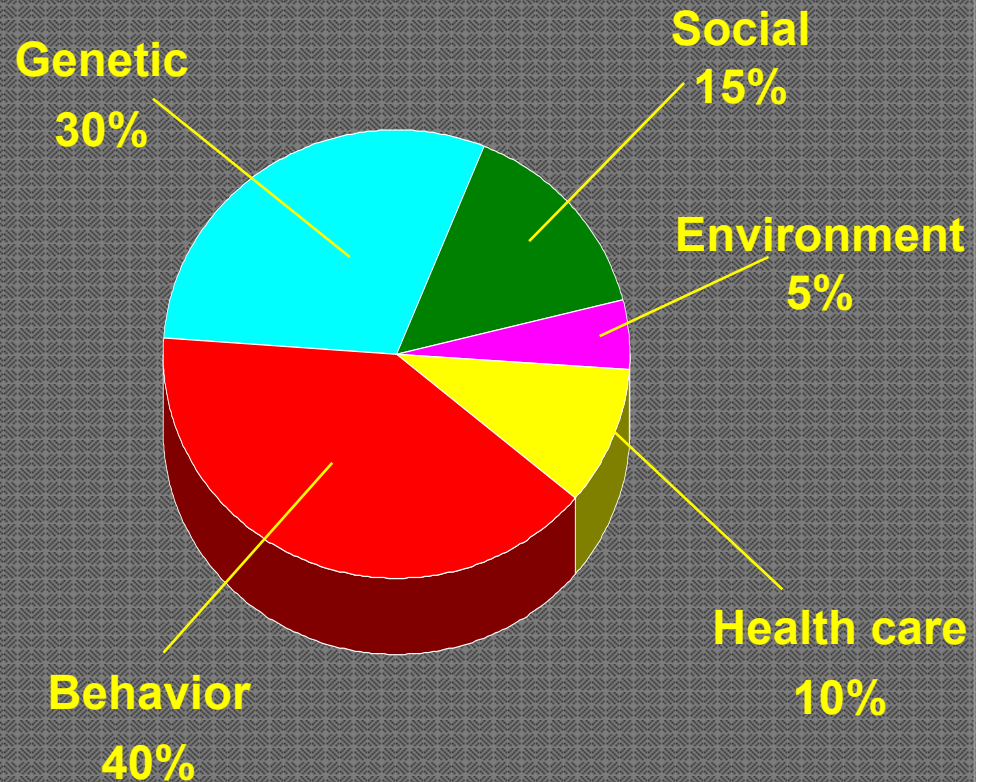
# The Changing Nature of Health Care



# Determinants of Health

# Proportions (premature mortality)

- Genetic predisposition
- Behavioral patterns
- Environmental exposures
- Social determinants
- Health care





# What Should You Do?

- Eat well
- Maintain a healthy weight
- Moderate alcohol
- Don't smoke
- Take supplements (?)



# The Healthcare System and You

- Get (some) screening tests
- Get vaccinated





# Screening Tests

Looking for an excuse not to see your physician?



# Screening Tests



- The incidence and mortality from cancer have dropped significantly during the 1990s and 2000s.

Considering When It Might Be Best Not to Know About Cancer

By Gina Kolata

NYT Oct. 29, 2011

# Screening Tests



## Doctor Panels Recommend Fewer Tests for Patients By RONI CARYN RABIN

In a move likely to alter treatment standards in hospitals and doctors' offices nationwide, a group of nine medical specialty boards plans to recommend on Wednesday that doctors perform 45 common tests and procedures less often, and to urge patients to question these services if they are offered. Eight other specialty boards are preparing to follow suit with additional lists of procedures their members should perform far less often.



## **Five Things Physicians and Patients Should Question**

- American Academy of Allergy, Asthma & Immunology
- American Academy of Family Physicians
- American College of Cardiology
- American College of Physicians
- American College of Radiology
- American Gastroenterological Association
- American Society of Clinical Oncology
- American Society of Nephrology
- American Society of Nuclear Cardiology

# Screening Tests

- Don't diagnose or manage asthma without spirometry.
- Don't do imaging for low back pain within the first six weeks, unless red flags are present.
- Don't order annual EKGs or any other cardiac screening for low-risk patients without symptoms.
- Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
- Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.

# Screening Tests

- Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.
- Use methods to reduce radiation exposure in cardiac imaging, whenever possible, including not performing such tests when limited benefits are likely.
- Don't obtain preoperative CXRs in the absence of a clinical suspicion for intrathoracic pathology.
- For pharmacological treatment of patients with gastroesophageal reflux disease long-term acid suppression therapy should be titrated to the lowest effective dose needed to achieve therapeutic goals.



# Screening Tests

- Do not repeat colonoscopy for at least five years for patients who have one or two small (< 1 cm) adenomatous polyps, without high grade dysplasia, completely removed via a high-quality colonoscopy.
- Avoid nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabetes.
- Don't use cancer-directed therapy for solid tumor patients with the following characteristics: low performance status, no benefit from prior evidence-based interventions, not eligible for a clinical trial, and no strong evidence supporting the clinical value of further anti-cancer treatment.

# Screening Tests

- BP measurement
- Cholesterol measurement
- Colorectal cancer
- Diabetes mellitus
- Glaucoma
- Osteoporosis
- Pap smear
- Breast cancer
- Prostate cancer
- Thyroid
- Dental
- Hearing
- Vitamin D

# Screening Tests

- **Blood pressure measurement:**

- **Who needs:** All adults.
- **How often:** Once every 2 years for those with normal blood pressure.
- **Comments:** More frequent monitoring for those with readings of 130/85 or higher

- **Cholesterol measurement**

- **Who needs:** All adults.
- **How often:** Once every 5 years. More often if total or LDL cholesterol is high, HDL is low, and/or you have risk factors.
- **Comments:** Those at high risk for heart disease need medical advice about life-style changes and possibly drug therapy.

# Screening Tests

- **Pap smear**

- **Who needs:** All women with a cervix, starting at age 21.
- **How often:** If 3 annual tests are normal, then once every 2 - 3 years.
- **Comments:** Some experts advise that women who have never had an abnormal result can stop being screened after age 65 - 70.

- **Breast cancer screening**

- **Who needs:** All women 50 and over; those 40-49 should discuss risk factors with a doctor.
- **How often:** Every two years.
- **Comments:** Clinical breast exams not routine.

# Screening Tests

- **Colorectal cancer screening**

- **Who needs:** Everyone 50 - 75; earlier for those at high risk.
- **How often:** FIT plus sigmoidoscopy every 5 years; colonoscopy every 10.
- **Comments:** Digital rectal exam and X-ray with barium enema may also be done, and virtual colonoscopy are available.

- **Prostate cancer screening**

- **Who needs:** Unclear
- **How often:** Unclear
- **Comments:** Usefulness of PSA and DRE screening for all men remains controversial.

# Screening Tests

- **Diabetes screening**

- **Who needs:** Everyone 45 and older; earlier for those at high risk.
- **How often:** Every 3 years.
- **Comments:** Blacks, Hispanics, Asians, Native Americans, obese people, and those with a strong family history need more frequent screening, starting at age 30.

- **Thyroid disease screening**

- **Who needs:** Women 50 and over; those with high cholesterol or family history of thyroid disease.
- **How often:** On professional advice.
- **Comments:** Routine screening remains controversial. Talk to your doctor about risk factors.

# Screening Tests

- **Glaucoma screening**

- **Who needs:** People at high risk: those over 65, very nearsighted, or diabetic; blacks over 40; those with sleep apnea or family history of glaucoma.
- **How often:** Variable.
- **Comments:** Many eye specialists advise screening all adults every 3-5 years, starting at age 39.

- **Dental checkup**

- **Who needs:** All adults.
- **How often:** Every 6 months, or on professional advice.
- **Comments:** Should include cleaning and exam for oral cancer.



# Screening Tests

- **Osteoporosis screening**

- **Who needs:** Men and women.
- **How often:**  $\geq 65$ ; sooner if unexplained fracture
- **Comment:** If you're a woman and have had normal results on a bone mineral density test after age 65, you may not need to be tested again for another 15 years.

- **Hearing screening**

- **Who needs:** Anyone experiencing problems.
- **How often:** Recommendation by audiologist.
- **Comment:** Important as HOH is isolating.



# Screening Tests

- **Osteoporosis screening**

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- **Hearing screening**

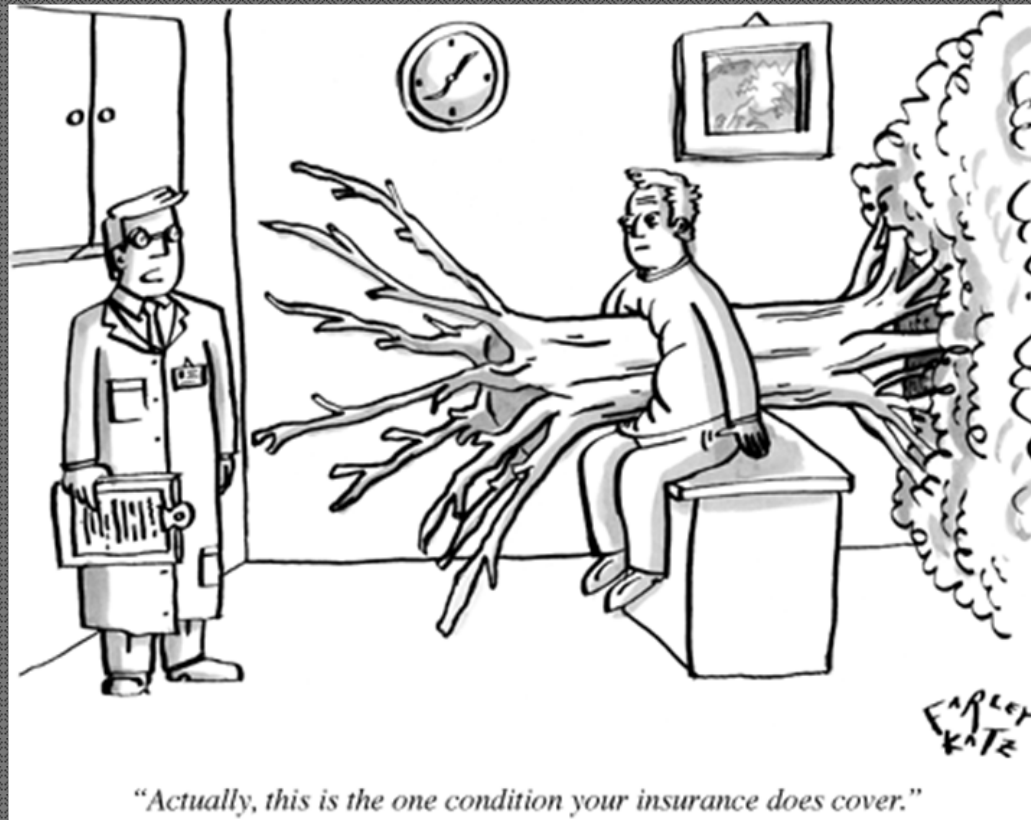
- **Who needs:** Anyone experiencing problems.
- **How often:** Recommendation by audiologist.
- **Comment:** Important as HOH is isolating.

# Screening Tests

- **Vitamin D screening**
  - **Who needs:** Unclear.
  - **How often:** Unknown.
  - **Comments:** Very controversial!

# Screening Tests

- All of this assumes you have medical insurance:



# Get Immunized



## **Routine immunizations**

- Diphtheria
- Tetanus
- Pertussis
- Shingles
- Pneumonia
- Influenza
- Rubella



# Immunizations



## Recommended Adult Immunization Schedule—United States - 2012

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended adult immunization schedule, by vaccine and age group<sup>1</sup>

| VACCINE ▼   | AGE GROUP ► | 19-21 years  | 22-26 years | 27-49 years | 50-59 years | 60-64 years | ≥ 65 years |                      |
|---|-------------|--|-------------|-------------|-------------|-------------|------------|----------------------|
| Influenza <sup>2</sup>                                  |             | 1 dose annually  |             |             |             |             |            |                      |
| Tetanus, diphtheria, pertussis (Td/Tdap) <sup>3,*</sup> |             | Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs |             |             |             |             |            | Td/Tdap <sup>3</sup> |
| Varicella <sup>4,*</sup>                                |             | 2 Doses  |             |             |             |             |            |                      |
| Human papillomavirus (HPV) Female <sup>5,*</sup>        |             | 3 doses  |             |             |             |             |            |                      |
| Human papillomavirus (HPV) Male <sup>5,*</sup>          |             | 3 doses  |             |             |             |             |            |                      |
| Zoster <sup>6</sup>                                     |             |  |             |             |             | 1 dose      |            |                      |
| Measles, mumps, rubella (MMR) <sup>7,*</sup>            |             | 1 or 2 doses   |             |             |             | 1 dose      |            |                      |
| Pneumococcal (polysaccharide) <sup>8,9</sup>            |             | 1 or 2 doses   |             |             |             |             | 1 dose     |                      |
| Meningococcal <sup>10,*</sup>                           |             | 1 or more doses  |             |             |             |             |            |                      |
| Hepatitis A <sup>11,*</sup>                             |             | 2 doses  |             |             |             |             |            |                      |
| Hepatitis B <sup>12,*</sup>                             |             | 3 doses  |             |             |             |             |            |                      |

\*Covered by the Vaccine Injury Compensation Program



For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)



Tdap recommended for ≥65 if contact with <12 month old child. Either Td or Tdap can be used if no infant contact



No recommendation



# Wellness

- Eat well
- Maintain a healthy weight
- Moderate alcohol
- Don't smoke
- Stay physically active
- Take supplements (?)
- Get (some) screening tests
- Get vaccinated

- Why dinosaurs became extinct (or....don't miss the boat):

