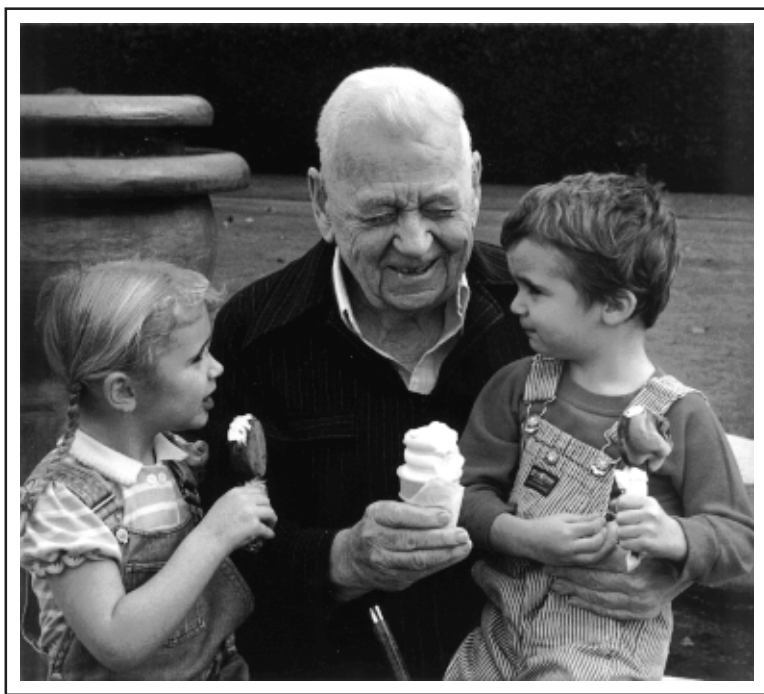


# WHAT DO YOU KNOW ABOUT **AGING?** *FACTS AND FALLACIES*



***PNW 453 • Reprinted November 1996***

*A Pacific Northwest Extension Publication*

*Oregon • Idaho • Washington*

*Prepared by Vicki Schmall, Extension gerontology specialist emeritus; and Clara Pratt, director, gerontology program; Oregon State University.*

**G**rowing old is an experience almost everyone will have. Today, 1 out of 9 people in the United States is 65 or older, and the fastest-growing age group is people 85 and older.

What does “being old” mean to you? Our beliefs shape how we age and how we relate to older people. Is what you know about aging based on facts or on myths?

The later years of life often have been distorted by myths. You may have heard some of these myths stated as “truths.” In part, this may be because we tend to focus on the problems and negative aspects of aging. Most myths have some basis in fact, but generally they reflect the exceptions rather than the rules.

Here are some common myths about aging, with accompanying explanations of the realities.

**MYTH** **Older people are more rigid and resistant to change.**

**REALITY** Aging does not make a person rigid, inflexible, and resistant to change. Older people may seem more rigid because they grew up during a more conservative time than today’s younger adults. However, the ability to adapt and be flexible has more to do with lifelong personality than with age. Later life actually is a time of many changes—death of spouse, family, and friends; retirement; loss of health and mobility; and reduced income—requiring profound adjustment. Most older people adapt well to these changes, and many develop new interests and take on new directions in life.

**MYTH** **Personality changes with age.**

**REALITY** Personality patterns tend to persist throughout life. You are what you are for as long as you live unless you make a conscious effort to change, or a medical condition—such as Alzheimer’s disease or a stroke—affects your personality. In general, old age merely continues what the earlier years have launched. If you have been an easygoing, fun-loving person, you likely will continue to be the same when you are older. On the other hand, if you always have been impatient and critical, you probably will remain so.

**MYTH** **Aging brings with it a decline in intellectual abilities and learning.**

**REALITY** Some loss of brain cells does occur with aging, but it has negligible effect on the brain’s ability to function. Barring major illness, you can expect your mind to be alert and active well past age 80. When intellectual functioning does decline, it usually is a result of health problems and often occurs shortly before death. Such sudden deterioration in intellectual functioning has been called *terminal drop*.

Many intellectual functions such as reasoning, vocabulary, and special skills in which you remain actively involved often improve with age. If you are healthy and active, you can expect *crystallized intelligence*—the ability to use accumulated knowledge to solve problems and make decisions—to increase steadily throughout life. You may experience some decline in *fluid intelligence*, which is related to speed and similar functions. However,

these changes have minimal effect on learning and everyday functioning.

The adage, “You can’t teach an old dog new tricks” is true of neither old dogs nor human beings. You can learn throughout life. In later life, we tend to learn more slowly than we did when we were younger, but we can learn just as well. Like other parts of your body, your brain’s ability to function remains best when it is used regularly.

**MYTH    Memory loss is inevitable in later life.**

**REALITY** Many people worry that growing old means losing the ability to remember, think, or reason. Memory loss is *not* normal in later life; however, some change in the ability to recall recent information is common. This may be because “old memories” stored in the brain interfere with the recall of new information. Think of your brain as a library in which you are looking for a particular book. If it is a young library with only a few books, the one you seek will be easy to find. If it is an older library full of thousands of books, finding a particular book will take longer. But the book is still there if you take the time to look for it. Patience may be required to locate a certain book in a “large and full library.”

A significant impairment in memory generally is the result of disease or brain injury. Alzheimer’s disease and multi-infarct dementia (a series of small strokes) are the major causes of serious memory loss. Long-term alcohol abuse may cause irreversible brain

damage. However, some damage may be halted or reversed by stopping drinking and getting treatment.

Many common causes of memory loss are reversible. These include:

- Minor head injury
- Fluid imbalance
- High fever
- Poor nutrition
- Adverse drug reactions
- Depression

Anxiety, fatigue, stress, and grief also can affect memory temporarily. These factors can interfere with taking in, retaining, or retrieving information. Depression, for example, can reduce concentration so that information is not apprehended in the first place.

People who feel they are having memory problems should see their doctor. If there is no medical basis for the problems, memory can be enhanced with active use and memory improvement techniques.

**MYTH Older people have no interest in, and are incapable of, sexual activity.**

**REALITY** Sexual needs, desires, and functioning do not change abruptly with age. If you are in reasonably good health, you can have an active and satisfying sexual life in the later years. The greatest limits to sexual activity in later life are lack of a sexual

partner, misinformation, and negative stereotypes. Too often, sexual activity for older adults is seen as unnecessary, impossible, or just “not nice.”

Human sexual response may be slowed by the aging process, but it certainly is not ended. Poor health, medications, and psychological factors such as anxiety, depression, and fear of failure are more important contributors to a decline in sexual activity than is aging. If you believe your sexual life is being affected by such factors, seek a thorough medical evaluation.

There is no age limit on the need for affection, for touch, to love and be loved, and to be recognized as a sexual person. For people who have never received pleasure from sexual activity, age may be used as an excuse for giving up sex. For most people who have enjoyed an active sexual life, the desire and capacity for sexual expression continues.

**MYTH    Urinary incontinence is to be expected in later life.**

**REALITY**    Urinary incontinence is neither normal nor inevitable in later life. However, it is more common among adults 65 years of age and older. Women, in particular, are affected. Urinary incontinence affects 15% or more of older adults who live at home and up to 60% of people living in nursing homes. It is one of the most common reasons for nursing home admission.

Eighty percent of urinary incontinence cases can be cured or significantly improved, yet half of the

people affected never seek medical help. Because of the stigma associated with incontinence, people who lose bladder control often restrict outings and social activities. They fear they will “have an accident” or that others will smell the odor of urine. A vicious cycle can develop: Incontinence leads to isolation and inactivity, which may lead to depression, which further increases isolation. Incontinence can be effectively managed, so seek medical help!

**MYTH Older people require less sleep.**

**REALITY** The quality of sleep may decline in later life, but not total sleep time. As people age, sleep tends to become more fragmented with more frequent night awakenings, even in healthy, active, older adults. Some people find that brief naps or rest periods, regular exercise, good diet, good mental health, and limiting alcohol intake promote healthful sleeping patterns.

**MYTH Older workers are not as effective as younger workers.**

**REALITY** On most measures of effectiveness, employed older persons generally perform as well as—and sometimes better than—younger employees. Some studies do show a decline in performance with age when physical strength or speed are important. Older workers, however, are more dependable, have lower turnover rates, have fewer absences and accidents, show better judgment, and are as productive as younger workers.



**MYTH Older people are fearful of death.**

**REALITY** Many people believe that because older people are closer to death, they are more fearful of death. In general, older people tend to approach dying in much the same way as they have approached life. The majority are not afraid of or preoccupied with death. Only about 10% of older people express a fear of death. For many older people, their greatest fears are a prolonged illness and loss of mental functioning.

Death is a reality for older people as friends and family members die. It is normal and healthy to face this reality and talk about it at times. It's important not to confuse talking more about death with being fearful.

**MYTH People become more religious as they age.**

**REALITY** People do not become more religious as they age. Religious beliefs and practices are established early in life and tend to remain fairly stable into later life. When compared with the present younger generation, today's older generation were more religious in their youth and have continued the religious path established early in life. Even among today's older population, there is great diversity in religious beliefs and practices, ranging from no belief in religion to active dedication to a major religion such as Christianity, Judaism, Buddhism, or Islam.

**MYTH** **It's normal for an older person to be depressed.**

**REALITY** Depression is not normal in later life, nor is it more common in later life than at other stages of life. One study of depression among the elderly found that 19% suffered from mild dysphoria or sad mood, and 8% were more severely depressed. Persons who are in long-term care facilities, who suffer from severe medical illnesses, or who are extremely isolated experience a significantly higher rate of severe depression.

Depression among older people often is overlooked or misdiagnosed. Sometimes the symptoms are not typically associated with depression. For example, some older people who are depressed will have impaired concentration and memory, and as a result may appear more confused than depressed. Physical illness can mask depression, and depression can mimic physical illness.

**MYTH** **Therapy for depression or other psychological problems doesn't help older people.**

**REALITY** Therapy can help older people greatly. There is no relationship between age and the success of therapy. However, the earlier treatment is sought, regardless of age, the more successful it generally is. The longer a problem is neglected the more complex it becomes, the more likely other problems will develop, and the more difficult it is to treat.

Too often, the older person does not seek help until a problem is well advanced and more resistant to treatment. Sometimes emotional changes in the

older person are wrongly attributed to “old age” or the worsening of an existing medical problem, and treatment is not sought. Or the signs of depression simply may not be recognized. It is important to remember that there is effective help for most emotional problems, including depression.

**MYTH    Drug misuse and abuse are not problems among the elderly.**

**REALITY**    Studies show that 50% of older people fail to take their medications as prescribed. Also, many medications are not as well tolerated by the elderly, and changes occur in the body that may change the absorption, metabolism, distribution, and excretion of drugs.

Drug misuse is important because of its effects on the health and brain functioning of older adults. An older person who takes multiple medications, perhaps several times a day for different health problems, is at greater risk for problems with medication. Common types of drug misuse among older adults are:

- Overuse—taking more than a prescribed amount of a medication or taking medications that are not needed.
- Underuse—taking less than the prescribed amount of medication or not getting a prescription filled or refilled.
- Erratic use—failing to follow directions, missing doses, trying to make up for a

missed dose by doubling the next dose, or not remembering when or how to take medication.

- Contraindicated use—prescribing by the doctor of an inappropriate medication.

Each of these types of drug misuse can be prevented by doctors and older patients working together. Patients always must be truthful about how they use or don't use their medications, and should expect their doctors to work with them to make medications manageable.

Alcohol is the most commonly abused drug by people of all ages in our society. Researchers estimate that as much as 10% of the older population has a problem with alcohol. However, alcohol abuse in later life often is overlooked. The signs of alcohol abuse may be attributed wrongly to “old age,” physical illness, or dementia.

Alcohol acts differently in older adults. Older persons cannot “clear” alcohol as fast—they become intoxicated more quickly and their blood alcohol remains higher longer.

**MYTH** **There's not much an older person can do if he or she has a chronic disease, except to take medication.**

**REALITY** Lifestyle is very important in the development and treatment of chronic illness. For example, stopping smoking—even when older—can reduce the risk of cancer and heart disease. Exercise can strengthen the heart and lungs, increase muscle tone and bone

mass, and lower blood pressure. A person with a significant chronic illness should be as active as possible and follow medical recommendations carefully. Attitude also is important in managing a chronic disease.

**MYTH    Most older people are lonely and want to live with their children.**

**REALITY** Most older people do not report feeling lonely. Some researchers have found that people over age 65 are less likely to feel lonely than people under 25. However, limited hearing, vision, and mobility do result in isolation and loneliness for some older people.

As long as older people can manage independently, they prefer to live in households separate from their children. “Intimacy at a distance” is preferred both by older people and by their adult children.

**MYTH    Older people often are abandoned by their families.**

**REALITY** For almost all older persons, families are important. When family is not a part of an older person’s life, there usually have been long-standing relationship problems and estrangement.

The family still is the number one provider of support and caregiving to older persons, providing at least 80% of the needed support. Nowadays, families give more care for longer periods than families did in “the good old days.”

Even when bedridden or homebound, older persons are twice as likely to be cared for at home than in an institution, with care being provided by a spouse, adult child, or other relative. Extended family members—for example, a niece, nephew, or grandchild—often help when an older person does not have a spouse or adult children. Brothers and sisters often play an important role in the lives of older persons who are widowed or have never married.

Contact is frequent between most older persons and their adult children. Both generations give and receive. The most comfortable relationships exist when both generations love each other and respect one another's rights.

**MYTH** **Families use nursing homes as a “dumping ground” for frail older family members.**

**REALITY** Most people in care facilities are greatly impaired and need comprehensive care. Older people who don't have children and live alone are the most vulnerable to nursing home placement. Approximately half of all nursing home residents are single women or widows without close family.

Most families do not suddenly “dump” and abandon their older family members in care facilities. The reality is that most families use nursing homes as “the last resort,” only after they have exhausted other alternatives. Families often endure tremendous hardship and stress to maintain older family members in the community. The decision to place a frail elderly relative in a nursing home is traumatic and painful for most families. Feelings of guilt, fear, and

failure are common, even when objective evidence indicates that a nursing home is the best choice for everyone.

**MYTH Most older people are in nursing homes.**

**REALITY** Only about 5%—1 in 20—of people over age 65 are in nursing homes or other institutions. However, the percentage increases with age. About 22% of persons over age 80 reside in care facilities. On the average, elderly persons in care facilities are older than elderly persons living in the community.

It used to be that when people entered a nursing home, they didn't expect to leave. Today, many people enter a nursing home to recover from an illness or surgery, or for rehabilitation, and then they return home. This is particularly common now that hospital stays have been limited by Medicare and private insurance payers.

**MYTH Medicare pays for most long-term nursing home and in-home care costs.**

**REALITY** Medicare's coverage for nursing home care is minimal. It pays for less than 2% of all nursing home costs. Medicare has limits on the amount of time and circumstances under which it pays for nursing home and in-home care. Medicare will cover only the costs of care that is "skilled nursing" and provided in a Medicare-approved facility. Most older people in nursing homes require what is called "custodial care," which Medicare does not cover.

Older adults and their families pay over 50% of all nursing home care costs. Medicaid, a government program for low-income persons, pays over 40% of all nursing home care costs. Because Medicare and Medicaid regulations change from time to time, it is important to learn about how these funding sources can help with individual long-term care needs. You can get help understanding Medicare and Medicaid from your state or county aging services, nursing home or other long-term care facility administrators, or directly from the Medicare or Medicaid administrative agencies in your state.

**MYTH** **Poverty no longer exists among the elderly.**

**REALITY** Although the percentage of older people living in poverty has declined steadily over the past few decades, the elderly continue to have the highest poverty rate of any adult age group. According to the 1990 Census Bureau Report, 12.2% of the older population are living in poverty. In addition, almost 40% of the elderly are considered economically vulnerable because their incomes are only moderately above the federal poverty line.

Poverty is particularly acute among older widowed women, persons 85 and older, and elderly members of minority groups. The greatest threat to the economic security of older adults is out-of-pocket costs for health care.



## CONCLUSION

People over 65 are a diverse group—no one description can tell you what they are like. The cumulative effect of years of individual experiences makes people more different, rather than more alike, in later life.

Myths can be self-fulfilling, if you believe them. For example, if you expect to be sick and alone when you are old, you probably will be. Your attitudes toward aging will affect how you age and how you respond to older people. A Yiddish proverb states, “Old age to the unlearned is winter; to the learned, it is harvest time.”

The facts paint a bright picture of aging and older people. Older adults can be active, alert, interested, and interesting. In later life, you will have changes to make and some difficult situations to face, but usually these don't have to limit you severely.

## WHAT DO YOU KNOW ABOUT AGING?

**DIRECTIONS** If you believe the statement is generally true, circle "T." If you believe the statement is generally false, circle "F."

- |   |   |  |
|---|---|--|
| T | F | 1. Most older people can learn as well as younger adults.  |
| T | F | 2. Older people respond differently than younger people to many medications.   |
| T | F | 3. Old age changes people's personality.   |
| T | F | 4. Bladder control problems are inevitable in later life.  |
| T | F | 5. The average older person has lost the desire and capacity for sexual expression.                                      |
| T | F | 6. The later years are an emotionally healthy and satisfying time for many older people.                                 |
| T | F | 7. People tend to become more religious with age.  |
| T | F | 8. Older people generally are less fearful of death than are younger adults.   |
| T | F | 9. As people age, they tend to become fault-finding, demanding, complaining, and irritable.                              |
| T | F | 10. Because of Social Security, Medicare, and other government programs, nearly all older people are financially secure. |
| T | F | 11. Most older people are lonely and isolated from their families.   |
| T | F | 12. Therapy is effective for older people with emotional problems.   |

- T F 13. It is normal for older people to become confused, forgetful, and depressed.
- T F 14. Older workers have fewer accidents than younger workers.
- T F 15. Even in healthy older adults, memory for recent events usually is poorer than remote memory.

ANSWERS	1—T	6—T	11—F
	2—T	7—F	12—T
	3—F	8—T	13—F
	4—F	9—F	14—T
	5—F	10—F	15—T

---

Pacific Northwest Extension publications are jointly produced by the three Pacific Northwest states—Oregon, Washington, and Idaho. Similar crops, climate, and topography create a natural geographic unit that crosses state lines. Since 1949 the PNW program has published more than 450 titles. Joint writing, editing, and production have prevented duplication of effort, broadened the availability of faculty specialists, and substantially reduced the costs for participating states.

Published and distributed in furtherance of the Acts of Congress of May 8 and June 30, 1914, by the Oregon State University Extension Service, Washington State University Cooperative Extension, the University of Idaho Cooperative Extension System, and the U.S. Department of Agriculture cooperating.

The three participating Extension Services offer educational programs, activities, and materials—*without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, disability, and disabled veteran or Vietnam-era veteran status*—as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973. The Oregon State University Extension Service, Washington State University Cooperative Extension, and the University of Idaho Cooperative Extension System are Equal Opportunity Employers. Published August 1993; reprinted November 1996. 50¢/50¢/50¢

---