

103 AGING

On December 18, 2007, I turned 80. The thought that has haunted me ever since is, “Now I am REALLY old.” I didn’t feel old at 79. I loved telling people who I met for the first time (obviously, when it was appropriate to the conversation) that I was 79, and they would look at me and observe, “I would never have guessed it,” or “You certainly don’t look 79.” Now I am beginning to feel old. Hopefully, I still don’t look it, but how are you supposed to look? Car salesmen talk about a car’s mileage, rather than its years. And they refer to themselves as “... not old. I just have a lot of miles on me.” Some old performer is supposed to have commented that if he knew he was going to live so long, he would have taken better care of himself. A piece of advice I once received was that if you want to live a long life, pick the right parents. It’s in the genes.

For years, my friend Sol constantly referred to himself as an old man, and he is a year younger than me. He keeps sharing medical information from the N Y Times and the Wall Street Journal. I skim it and discard it. Fran gets all kinds of health newsletters, and takes every kind of vitamin, mineral and diet supplement. Last week Sol informed us that he has been diagnosed with Parkinsons. His doctors had apparently misdiagnosed his tremor for the past two years.

It is one year since Fran was diagnosed with lung cancer. Last week was not a good week for receiving news. My friend Phil called to tell me that he had seen his doctor who told him that he should no longer drive. A couple years ago, Phil and his wife Martha moved into an independent living facility in Doylestown, PA. Martha, who had had a stroke, breast cancer, is overweight, has weak ankles, uses a walker and/or a wheel chair, and is going to move into the nursing home section. Phil will give up their two bedroom apartment and move into a studio.

For some time, I have been observing my deterioration, almost as a spectator. I have been very fortunate over the years. The first thing to go was my 20-20 vision. It was about 35 years ago when I picked up a telephone book to find a number, and realized that I couldn’t read it. I held the book closer, then further away, then brought it closer to a light. Nothing doing—a blur. I saw an ophthalmologist who told me that I have excellent sight for a person my age. I was given a prescription for eye glasses and went to For Eyes to have it filled. I convinced myself that I looked more intellectual with glasses. Besides, they were half glasses, and I only wear them when I read.

Some years ago, I was visited by more and more floaters and flashes—those funny specks and lights that you see, but that aren’t there. Back to my ophthalmologist who examined me and sent me to a specialist, suspecting a torn retina. That’s what it was. The specialist sat me down in a special chair, making sure that my head won’t move, and shot bright lights—lasers—at my eye, which he described as spot welding. The retina was repaired. Amazing what they can do these days. A couple of annual visits to the specialist to make sure everything is OK, and we are back in business, though I still get floaters. As Fran would say, “I am so lucky.” It wasn’t a detached retina. It wasn’t macular degeneration. It wasn’t glaucoma or cataracts. As I tell her, “If I was really lucky, I wouldn’t have had a torn retina, and wouldn’t have required laser surgery.” I

also picked up lots of pamphlets about eye problems at the specialist's office, Maybe Fran was right.

About 20 years ago, I spent a weekend with friends in Hunter New York. We played tennis throughout the weekend. After our last game, my knee was hurting, but I didn't give it a thought. We drove home and I had forgotten all about the pain, until I tried to get out of the car. I could hardly stand. The next morning, I called my doctor. I saw him, and he told me to see an orthopedist. He believed I had osteoarthritis in my knees. The orthopedist confirmed it.

Over the next several years—cortisone shots, arthroscopic surgery, pain killers, glucosamine and chondroitin-- and lots of pain. No more tennis, bike riding, jogging, or even walking up and down stairs without holding on. I have trouble bending to pick up anything, and am unable to squat. I will never be able to catch for the Red Sox. I have almost become the person who fell and couldn't get up. I bought a cane to help me on icy and uneven surfaces, but I usually forget to take it. On several occasions I have become immobilized on ice or uneven surfaces, convinced I was going to fall. Because of the arthritis? I don't know. As with all ailments, I began to read articles about it: One in seven Americans have some form of arthritis. It means joint inflammation. It begins when the cartilage breaks down. Half of us over 65 have osteoarthritis. Toward the end of 2007, I checked around for the name of the best knee replacement surgeon and was told Richard Scott. I called his office at New England Baptist in January, and I was given an appointment to see him in July. He is a very busy doctor. I saw him, and we have a date for knee replacement surgery in December. He is a very busy doctor. *

About 10 years ago, I noticed I was having trouble hearing, especially in noisy places. When I went to the theatre, I couldn't hear the actors, and started using those devices to help you hear. OK. Time to see an audiologist. I had my hearing tested and was told I was "borderline." The audiologist showed me the audiogram. The line went straight across from 125 to 500 Hertz (whatever that means) but then took a dive from 500 to 8000. It reminded me of the graphs describing the depression. My hearing loss was "moderate to moderately severe sensorineural... starting at 750 Hz in both ears."

So for the next five years, I sat closer to speakers, asked friends to repeat themselves, and read articles about hearing loss and what can be done about it. The answer: get a hearing aid. But what kind? In the ear, in the canal, behind the ear. And where? I wasn't impressed with the people at the BI Division of Audiology where I had been tested. I was told that the former head of the Division, Dr. David Vernick, had his own office in Chestnut Hill. I saw him, but he turned me over to someone else. I then went to Mass. Eye and Ear. They must be the real specialists. But they are all the way downtown.

Finally, I decided to check out Boston Hearing Services located right here at Brook House. How convenient. Bob Sanderson seemed competent. Each doctor that I saw recommended Behind the Ear hearing aids. They all seemed to have the same range of hearing aids and the same prices, and since Boston Hearing Services was so convenient, that's where I went. I did some minimal research on the internet. I sent for pamphlets from the National Institute on Deafness and other Communicable Disorders and a reprint from the FDA Consumer on Age-Related Hearing Loss. By March 2005, I had made up

my mind: Behind the Ear from Boston Hearing. As always, we settled on “the middle range.” Not the cheapest and not the most expensive. The GN Resound Canta 4 Model 470 D was \$2000 each. It is “fully digital...state of the art technology...customized programs...adjusted to (my) individualized hearing loss.” Molds cost \$150 but I received a \$100 discount. Love those discounts. My health plan reduced the final cost by \$1300. Not bad. And Boston Hearing threw in a carton of batteries. The hearing aids came in a lovely black leather pouch with a matching leather purse attached by velcro inside the pouch. In the purse, there is a small brush with a metal wire loop which you are supposed to use to clean the hearing aids. Each hearing aid is in an oval blue box lined in rubber. The hearing aid with the red dot goes behind the right ear.

I now have had my hearing aids for 3 1/2 years. I am sure they are going to last a long time, because I hardly ever wear them. When I do, the earmold begins to irritate my ear after a few hours. I told this to the audiologists at Boston Hearing, and they made another earmold. They still irritate. I guess it's me. I don't like anything in my ears. I don't use ear plugs to keep out sound. They are irritating. I try to remember to wear my hearing aids when we go to the movies or the theatre or to a lecture, or anywhere where there will be lots of people like a meeting or a party. But sometimes I forget. When I remember, and when the evening is over, I remove them and place them in my handkerchief, since I don't carry those pretty little oval blue boxes with me.

My friend Bob was the first among us to need hearing aids. We assume his hearing loss came from proximity to the firing of M1 rifles in the army. He has used every kind of hearing aid made. Sol has complained of hearing loss as well. And now, Fran, as a result of the chemotherapy, has had hearing loss. She chose to use Dr. Vernick and they prescribed what may be the next generation of Behind the Ear: smaller and an almost invisible tube to the ear. The manufacturer is Phonak; the price is about the same. She seems to be having trouble with them not working. They are so small. **

This started out to be a summary of my various infirmities as I aged. I wanted to keep it light. First, eyes, then knees, then ears. Then I was going to write about something related to the heart-- irregular heartbeat for which I am taking a beta blocker.

To summarize my problems: memory, learning, dexterity, balance, unable to ride a bike, run, play tennis, crouch, walk stairs without holding on, walk on icy, uneven surfaces, “erectile dysfunction,” disorganization, psoriasis, skin dryness, dizziness, occasional incontinence, lack of energy. And I haven't even mentioned dental problems. I am on the way to a partial bridge.

I then begin to think about my friends who are no longer here, and all those struggling with various forms of illness, including Fran: Sid and Mel gone as a result of pancreatic cancer. David Elkin and his long struggle with Parkinsons. And now Sol is diagnosed with Parkinsons. Irv Weinstein, somehow coming to terms with Alzheimers. Is this what is happening to Phil? It got to my cousin Arthur in his last years.

One thing on which everyone agrees: Exercise, exercise, exercise. Like location, location, location. It is obvious that I need to strengthen my leg muscles before knee replacement surgery. I'll let you know how I am doing.

- It is October 2009. Since writing the above, I have had knee replacement surgery in December 2008, followed by rehab, and physical therapy. I did some exercise before the surgery, and exercise after the surgery, but it is clear that my legs are weak, I still can't crouch or run, and I still need to hold on to a banister going up and down stairs. I don't have the range of motion I had before the surgery.

** My hearing is about the same. I frequently forget to put in my hearing aids, so I miss part of the conversation. When I saw the audiologist, he cleaned my hearing aids and recommended that I think about getting a newer version, like Fran's. I'll stick with what I have.

Last July, I fell trying to hit a tennis ball against the wall. The fall turned out to be more serious than I thought. I hurt my right wrist and my right butt. That evening, I felt dizzy and I was brought to the Emergency Room where they took my blood pressure and an EKG, and acted very concerned because of the low blood pressure reading. It ended up that I had a broken wrist and my butt and thigh turned egg plant purple. At the present time, my wrist still hurts despite the cast and the therapy.