

IBX



A Healthy You

Brain health | Medical family tree
Companionship and intimacy | Life planning

Independence 
Age Fearless



Welcome to *A Healthy You!*

The choices you make every day play an important role in your health and well-being — and an *A Healthy You* guide from Independence Blue Cross (IBX) can help make those decisions easier.

Want to learn more? Visit ibx.com/good-living/age-fearless.

If you or a loved are a Medicare beneficiary, visit ibx.com/medicare.

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What really helps protect your memory?

Take steps to safeguard your cognitive health

Keeping your mind sharp takes more than sipping ginkgo tea while playing crossword puzzles, but it couldn't hurt to make it a habit. Eating patterns, diet, and mental and physical activity levels affect brain function. Taking a closer look at what you don't do on a daily basis could be telling. "For adults, the brain responds primarily to deficits, not surpluses, in the diet," says Gary Wenk, PhD, Professor of Psychology & Neuroscience & Molecular Virology, Immunology, and Medical Genetics at the Ohio State University and Medical Center, and author of *Your Brain on Food*. Here are three science-backed ways to grease your mental gears.

Eat for your mind

Consuming cacao products, coffee, fruit, foods with melatonin, tea, and foods containing flavonoids may slow cognitive decline associated with normal aging. They protect against cell damage in the brain, Wenk says. But filling up on these foods won't boost your brain overnight. Sticking to a diet overall rich in nutrients is the key.

"Many authors on this subject naively jump to the conclusion that giving high doses of such nutrients will rapidly improve our mood or thinking. Sadly, this is rarely the case," he says. Sticking to a Mediterranean diet, which is rich in vitamins B, C, and E, is a good model for a mind-healthy eating plan. The absence of these vitamins in the body may have negative affect on brain function. Just don't rely on supplements, Wenk says, because there's no strong evidence they help. Think: Extra-virgin olive oil, not vitamin E pills.

Pay attention!

Focusing on your experiences can help you retain memories of them. One study conducted at museums revealed that people who snapped photos while browsing historic objects remembered less information the next day than those who simply observed those objects. "The results of this study confirmed that paying attention to something helps you remember it," Wenk says.

Stay mentally active

Keeping your mind moving may counter memory decline. "If you're someone who is showing signs of dementia or cognitive decline of some kind, then keeping your mind active will probably slow the decline," Wenk says. As for playing brain games to sharpen the mind, Wenk says he thinks it's worth a go. "Doing any mental task is probably worthwhile, although no one has identified a single mental task that is most effective." Test out these memory tricks at any age. Get up and move your body, too. Exercise boosts the flow of blood to your brain.

Source: getgoodliving.com/article/health/what-really-helps-protect-your-memory



Ease your forgetfulness

Keep your mind in top shape with these tips

Lots of things change as we age, including our brains. But not all changes are signs of Alzheimer's disease or another form of dementia. Good news: If you forget things, then remember them later (such as words, appointments, names, and the date), that's normal. If you're worried, talk to your doctor. Conditions like depression and sleep apnea are treatable.

Don't forget to give your brain a daily mental workout with crosswords and jumbles, in addition to these memory boosters:



Write to-dos. Studies show just seeing the note on paper may be enough to jog your memory.



Do to-dos in pairs. Pair a task you easily forget with something you never forget, like brushing your teeth.



Stick to a schedule. Do tasks in the same order. You'll get used to "what comes next" and be less likely to skip a step.



Use some props. Need to get gas? Create a little dashboard sign to remind you.

Learn the 10 specific signs of Alzheimer's disease

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, work, or leisure
4. Confusion with time or place
5. Trouble understanding visual images or spatial relations
6. Problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgement
9. Withdrawal from work or social activities
10. Changes in mood and personality

Note: This list is for information only. Please discuss any concerns you have with your doctor.
Sources: [getgoodliving.com/article/healthy-living/ease-your-forgetfulness](https://www.getgoodliving.com/article/healthy-living/ease-your-forgetfulness)
Alzheimer's Association, [alz.org](https://www.alz.org)



Carve out time to create your medical family tree

If you're like most people, chances are your family health history includes many common conditions like diabetes, stroke, and cancer. And while having a family health history of a disease doesn't mean that someone in your family will definitely get it, knowing your family's health history can help future generations take steps to reduce their risk. Collecting your family health history is an important first step. Whether you know a lot about it or only a little, take time to talk to your family and create your medical family tree.

Quick tips for creating your medical family tree

Talk to as many relatives as you can. Collect information about your parents, brothers and sisters, children, and grandchildren to get the most complete picture. At least three generations of blood relatives should be represented if possible.

Ask the right questions. These are just a few key questions to ask each person you interview about each relative, living or deceased, that you discuss:

- Do they have chronic illnesses, such as heart disease, high blood pressure, or diabetes?
- Have they had any other serious illnesses, such as cancer or stroke?
- How old were they when they developed these illnesses?

Be sure to capture your conversations. Fill in the American Medical Association family health history form, or use a tape recorder or smartphone app to record your conversations.

Once you've gathered as much information as you can, the Centers for Disease Control and Preventions' confidential *My Family Health Portrait* tool can help you create an online version to download. It's available at [cdc.gov](https://www.cdc.gov).

Another handy and secure online tool IBX members can use to keep track of their health history is the IBX Personal Health Record. Available at [ibx.com](https://www.ibx.com) and on the IBX mobile app, it is automatically updated with information from claims data. Members can also add information to keep their Personal Health Record up to date and print a copy to bring to doctor appointments.



Companionship and intimacy

One of the most basic human drives and greatest needs is to have meaningful, intimate relationships. But while society would have us believe that intimacy and sexuality are reserved for the young, the reality is quite the opposite. The desire for intimacy does not decrease with age. In fact, over 70 percent of older adults agree that sex is an important part of a romantic relationship at any age,¹ and the majority of single men and women over 65 actively seek companionship.

Though the normal changes that come with aging can present challenges and change the way intimacy is expressed, these challenges are not insurmountable. With some information and

an open mind about the different ways to be intimate with a partner or alone, older adults can continue to enjoy all the benefits of healthy physical and emotional relationships, including:²

- Increased self-esteem and improved outlook on life
- Elevated mood and lower stress/anxiety levels
- Improved sleep
- Natural pain relief — thanks to the body's increased production of oxytocin

Don't let changes hold you back

From fluctuating hormone levels to chronic conditions and illness to erectile dysfunction and vaginal dryness, our bodies undergo many changes that can affect our experience of intimacy and impact our sex lives. In addition, some common medications, including those used to treat high blood pressure and depression, can reduce libido. However, many of these issues are treatable, and a good first step is to talk to your doctor about your symptoms. He or she can help identify underlying health problems and offer practical solutions you may not have thought of.

That said, while medical doctors are experienced at how the body works, sex therapists are sensitive to how difficult it is for many people to talk about sex. They can be a great resource for individuals and couples who need help talking through their feelings and struggles.

While sexual intimacy among older adults is a subject that people don't talk about much, there is no age limit to sex and sexuality. Rather than live a life society expects older adults to live, why not enjoy a healthy sex life and all the emotional and physical benefits that come with it.

One thing that never changes

Unfortunately, the risk of acquiring sexually transmitted diseases is real at any age. Between 2014 and 2017, diagnosis rates for herpes simplex, gonorrhea, syphilis, chlamydia, hepatitis B, and trichomoniasis rose 23 percent in patients over the age of 60.³ Older adults need to be just as careful as their younger counterparts and practice safe sex during all forms of sexual contact with a new partner.

1 National Poll on Healthy Aging, University of Michigan, May 2018.

2 Seniors and Sexual Health: Why Sex is the Best Remedy. thenursenextdoor.com, April 2019

3 Sexually Transmitted Disease Surveillance 2017, Centers for Disease Control and Prevention



Adapting to change

We all need to be close to others, but sometimes we need to adapt to accommodate physical, health, and other changes. Here, we explore some of the common problems older adults may face.

Arthritis. Joint pain due to arthritis can make sexual contact uncomfortable. Exercise, drugs, and possibly joint replacement surgery may help relieve this pain. Rest, warm baths, and changing the position or timing of sexual activity can be helpful.

Chronic pain. Pain can interfere with intimacy between older people. Chronic pain does not have to be part of growing older and can often be treated, but some pain medicines can interfere with sexual function. Always talk with your doctor if you have side effects from any medication.

Dementia. Some people with dementia show increased interest in sex and physical closeness, but they may not be able to judge what is appropriate sexual behavior. It can be confusing and difficult to know how to handle this situation. Here, too, talking with a doctor, nurse, or social worker with training in dementia care may be helpful.

Diabetes. This is one of the illnesses that can cause erectile dysfunction (ED) in some men. In most cases, medical treatment can help. Less is known about how diabetes affects sexuality in older women. Women with diabetes are more likely to have vaginal yeast infections, which can make sex uncomfortable or undesirable. Yeast infections can be treated.

Heart disease. Narrowing and hardening of the arteries can change blood vessels so that blood does not flow freely. As a result, men and women may have problems with orgasms. People who have had a heart attack, or their partners, may be afraid that having sex will cause another attack. Even though sexual activity is generally safe, always follow your doctor's advice.

Incontinence. Loss of bladder control or leaking of urine is more common as people, especially women, grow older. Extra pressure on the belly during sex can cause loss of urine. This can be helped by changing positions or by emptying the bladder before and after sex. The good news is that incontinence can usually be treated.

Stroke. The ability to have sex is sometimes affected by a stroke. A change in positions or medical devices may help people with ongoing weakness or paralysis to have sex.

Depression. Lack of interest in activities you used to enjoy, such as intimacy and sexual activity, can be a symptom of depression. It's sometimes hard to know if you're depressed. Talk with your doctor. Depression can be treated.

Surgery. Many of us worry about having any kind of surgery; it may be even more troubling when the breasts or genital areas are involved (e.g., hysterectomy, mastectomy, and prostatectomy). Most people do return to the kind of sex life they enjoyed before surgery. If you're concerned about any changes you might experience after surgery, talk with your doctor.

Medications. Some drugs can cause sexual problems. These include some blood pressure medicines, antihistamines, antidepressants, tranquilizers, Parkinson's disease or cancer medications, appetite suppressants, drugs for mental problems, and ulcer drugs. Check with your doctor to see if there is a different drug without this side effect.

Stay connected

In an almost 80-year study that tracked the health of 268 Harvard sophomores starting in 1938, the biggest takeaway has been that our connection to our community has a profound effect on how well we age. "The surprising finding is that our relationships and how happy we are in our relationships has a powerful influence on our health," says Robert Waldinger, director of the study, a psychiatrist at Massachusetts General Hospital and a professor of psychiatry at Harvard Medical School. "Taking care of your body is important but tending to your relationships is a form of self-care, too. That, I think, is the revelation."

"Sharing your life with someone helps keep depression away and can lower stress levels for an aging population," says Beth Misner, certified sports nutritionist and co-author of *Healing Begins in the Kitchen*, citing additional research done at Brigham Young University. "The BYU research was able to show that social connections could increase the odds of survival over a certain time span by over 50 percent." That's a greater improvement than from smoking cessation or regular exercise — though you should do those, too!

Adapted from nia.nih.gov/health/sexuality-later-life
Source: getgoodliving.com/article/healthy-living/secrets-healthy-aging



Advance care planning for more equitable end-of-life care

When we think about our health and well-being, end-of-life care doesn't always come to mind. But planning for end-of-life care allows you to live life on your terms, especially if something unexpected happens with your health. The end-of-life planning process, also called advance care planning (ACP), helps you and your loved ones prepare for health challenges you may face in the future.

Thinking about ACP is important, but it may not be easy. Assessing your changing health needs can be emotional. Talking about them with others might make you feel like you're a burden. But ACP gives your loved ones peace of mind. When they know the type of care you want, it's easier for them to advocate for you if you become ill.

If you're not ready to think about ACP now, that's okay. But decisions about your care will still need to be made. And without your guidance, those decisions may not reflect what you really want.

Talk to your doctor first

ACP is the best way to identify the end-of-life care you want, but only about 30 percent of Americans actually do this planning. This rate is even lower in communities of color. Since racial and ethnic disparities in health care can carry over into end-of-life care, it's crucial for people in these communities to be clear about their wishes.

ACP can help you receive more equitable end-of-life care. Everyone has unique personal, cultural, and spiritual values that are important to them. These values can affect your medical decisions about things like aggressive treatments and pain and symptom management. They can also affect the psychological, social, and spiritual support you might want during an illness.

By going through the ACP process, you can discuss these values with members of your health care team, so they can understand what is important to you. Then you can work together and start thinking about your long-term well-being by:

- Talking about what you can expect as you age. Make sure your doctor is aware of any conditions that run in your family.
- Asking about palliative care and hospice care. Both types of care are important if you become seriously ill, but they have different purposes.
- Sharing what's important to you. This can include regular communication with your health care team and family involvement in decision-making.

Remember, if your health changes, you can always change your care plan.

What does "quality of life" mean to you?

ACP can help you maintain a good quality of life, even at the end of your life. Quality of life is different for everyone. What's important is how you define it. When considering what's important to you, you might think about how you value the following:

- Spending time with friends and family
- Limiting stress, pain, and suffering
- Participating in faith/spiritual activities
- Protecting your finances

It's common to weigh quality of life against quantity of life. For example, a treatment may extend your life for a few months but would leave you bedbound and in pain. Think about what those months might look like, with questions like:

- Do I want to be in pain for months?
- Will pain medicine make it hard for me to do everyday things and interact with others?

- Can I accept being bedbound and relying on others to bathe and change me?
- What happens if treatment is more expensive than I anticipated?

What does "care" mean to you?

Your doctor is the best person to explain how changes in your health will affect you and your caregivers. For example, if you develop a serious illness, what can you expect as your disease progresses? What medicines will you need? What are their side effects? Will you require nursing care? What will be your biggest physical and emotional challenges?

You have the power to decide what kind of care is right for you. Some people want to use all possible means to prolong life, while others prefer minimal medical intervention. Most people are somewhere in between. Ask your doctor to explain the full range of options that would be available to you, based on your condition. You might want to consider things like pain management, living arrangements, feeding tubes, ventilators, hospice, and if there are situations where you would or would not want rescue attempts such as CPR.

Once you decide what role (if any) these options will play in your end-of-life care plan, share them with your doctor. Choose a trusted person (usually a family member) as your health representative. This person will be responsible for making health care decisions on your behalf if you can no longer do so. Also consider putting your wishes in writing so that your doctor and loved ones know your preferences.

The best time to plan for end-of-life care is before something unexpected happens or you get sick. ACP lets you think in advance about the care you want. It allows you to consult with medical, legal, financial, or spiritual advisors so you can get answers to the questions that matter most to you. Then, use this information to create an end-of-life plan that gives you equitable access to care and honors your final wishes.



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Did you know: 90 percent of people say that talking with their loved ones about end-of-life care is important, but only 27 percent of Americans report having done so?

And that only 26 percent of Americans have completed an advance directive such as a living will? And only 7 percent of patients report having an end-of-life conversation with their doctor. Why isn't more advance care planning happening?

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Several reasons why patients don't create advance care plans:

1. A perception that the documents may limit care. **FALSE.** An advance directive is your opportunity to make clear both what you want and what you don't want.
2. A perception that the documents are complicated and require the services of a lawyer. **FALSE.** Completing an advance directive doesn't have to be hard. Refer to "How can I create an advance directive?" later in this article.
3. A perception that the documents and conversation should be drafted when you are extremely ill. **FALSE.** Even if you are not sick now, planning for health care in the future is an important step toward making sure you get the medical care you would want, if you are unable to speak for yourself and doctors and family members are making the decisions for you.

In fact, Medicare feels this is so important that since January 2016 they have been reimbursing physicians and other providers to discuss end-of-life care with their patients during office visits. And a whopping 95 percent of physicians who took part in an April 2016 John A. Hartford Foundation survey are in favor of the Centers for Medicare & Medicaid Services' expanded coverage.

How can I create an advance directive?

There are many resources you can turn to when you are ready to fill out your own advanced directive (an advance care planning form). Your primary care physician's office probably has blank forms, as do many hospitals. Online, there is a wonderful version of an advance directive called *Five Wishes* from fivewishes.org. You don't need a lawyer or a notary unless you want one. Complete something, share it with your loved ones, and then make an appointment with your doctor to discuss it and give them a copy.

So, think about how advance care planning tools could help you face your future more confidently. How it would help your loved ones feel less stressed as you grow older. How you could know your last wishes will be heard and respected.

And remember this. We celebrate many joyous events in our lives, and we want to honor and memorialize our loved ones who have died. Having advance care planning in place before we go can certainly lessen the blow. Nothing on paper can make these times less wrenching, but the lack of something in writing can make it much, much worse.



Tuna, artichoke, and roasted red pepper salad

Servings: 4

Prep time: 10 minutes

Ingredients

- 1 (12-ounce) jar marinated quartered artichoke hearts
- ¼ cup chopped fresh dill
- 1 tablespoon extra-virgin olive oil
- 1 tablespoon fresh lemon juice
- ½ teaspoon freshly ground black pepper
- 2 cups chopped fresh baby spinach
- 2 (5-ounce) cans albacore tuna in water, drained and flaked
- 1 (12-ounce) jar roasted red bell peppers, drained and chopped

Directions

1. Drain artichokes and reserve 2 tablespoons of the marinade.
2. Coarsely chop artichokes.
3. Combine artichokes, reserved marinade, dill, oil, lemon juice, and black pepper in a large bowl.
4. Add spinach, tuna, and roasted peppers and toss well.
5. Serve with pita chips or crackers — enjoy!

Source: getgoodliving.com/good-living/recipe/salad/tuna-artichoke-and-roasted-red-pepper-salad

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