

SeniorHealth

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INSIDE: SeniorHealth

QUARTERLY NEWS FOR SENIORS

www.ucihealth.com/seniors

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AUTUMN IS THE SEASON FOR FLU VACCINATION

Have you received your flu shot? Since the heavy flu season usually begins in January, the best preparation is to be vaccinated in October through December for maximum protection, says Dr. Jorge Rivero, geriatrician at the UCI SeniorHealth Center.

About 36,000 people die from influenza each year in the United States, with seniors among the most at-risk. A flu shot helps protect against the three strains of influenza that are predicted to be prevalent during the flu season. Contrary to popular misconception, the shot does not cause the flu itself.

“A flu shot is the single best defense against the disease,” Rivero says.



Staying on Your Feet

Stumbling may be amusing to watch when a comedian takes a spill. But falls can be devastating when they happen to an older adult. In fact, falls are the leading cause of injury deaths and most common cause of nonfatal injuries and hospital admissions for trauma.

For an older adult, recovering from a fall can be protracted and painful, result in a loss of independence, and may even signal the beginning of a downward spiral of health.

More than one-third of adults 65 years of age or older experience falls each year. The causes vary widely and in majority of cases, falls usually result from interaction between risk factors in the senior’s health and contributing factors in the person’s environment.

What puts seniors at risk for falls? Arthritis, sudden dizziness when standing up, impaired thinking, declining vision, gait and balance problems, and the use of four or more medications are common risk factors. Sometimes, even taking over-the-counter medication, such as antihistamine for colds and allergies, may produce a reaction that contributes to a fall. Benign positional vertigo (feeling dizzy suddenly when moving one’s head or when rolling over in bed) is also often seen in seniors, and most of the time it can be cured with special treatment performed in a doctor’s office.

“Every senior with a history of falls should have a thorough evaluation by a physician to screen for risks and modify them the best we can,” says Dr. Chinh Le, geriatrician at University of California, Irvine Medical Center. Geriatricians are especially well-suited to evaluating fall risks and causes because they understand how

CONTINUED ON PAGE 4



NPH: A Common Disorder Often Overlooked or Misdiagnosed

People who have difficulty walking, memory problems or urinary incontinence – or all three – may not just be suffering from “old age.” They might have a condition that is often treatable: normal pressure hydrocephalus, or NPH.

Unfortunately, NPH often goes undiagnosed or misdiagnosed because its symptoms are similar to more common conditions such as Alzheimer’s or Parkinson’s disease. NPH occurs when excessive cerebral spinal fluid (CSF) accumulates in the brain, enlarging areas called ventricles. This distorts surrounding brain tissue, leading to one or more of the three major symptoms.

Experts believe as many as 250,000 adults in the United States have NPH. Diagnosis is a complex process best performed by an experienced team. “We have set up an entire program to evaluate the patient most objectively,” says Dr. Laura Paré, a neurosurgeon at University of California, Irvine Medical Center.

UC Irvine doctors evaluate a patient’s personal history, perform a neurological exam and study CT or MRI images of the brain. Next, a three-day lumbar drain, the most effective diagnostic tool, is performed. The procedure involves placing a thin tube in the back to allow CSF to drain from the brain and help return the ventricles to normal size. This can relieve symptoms temporarily.

The only successful treatment for NPH is implanting a shunt – a permanent drainage system that helps reduce or eliminate symptoms. UC Irvine is conducting a clinical trial designed to improve diagnosis and treatment of NPH.

“NPH is one of the few treatable dementias,” Paré says, “and we have the resources to treat it comprehensively.”

To make an appointment with a UC Irvine neurosurgeon, call 714-456-6392.



Breast Cancer Watch: Screenings are Still Important As Time Goes By

Screening for breast cancer becomes increasingly important for women as they grow older. The incidence of the disease nearly doubles for women ages 50 to 54, compared to those 40 to 44 years old. It rises another 34 percent for women ages 60 to 64 and again 23 percent for women 70 to 74.

The American Cancer Society strongly recommends annual screenings beginning at age 40. If you are 50 years or older, it is critical to have regular screenings.

As women reach their late 70s and 80s, screenings remain important, says University of California, Irvine Medical Center radiologist Dr. Stephen Feig, “because older women in generally good health still have substantial life expectancy. Our guideline on screenings at that age is to base it on each individual’s health.”

The most advanced screening methods are available at UC Irvine Medical Center, and even newer technology is on the way: breast ultrasound, digital mammography and breast MRI, which is especially helpful in assisting doctors to detect cancers in dense breast tissue or those missed by conventional mammography .

For those diagnosed with breast cancer, there are a multitude of treatments, and chances for surviving the disease have never been better. The UCI Breast Health Center offers a complete range of advanced treatments, including breast-conserving options and pioneering drug therapies.

Says Feig: “Women have one of the best breast care centers in the country available right here.”

To make an appointment with a breast health specialist, call toll free 1-877-UCI-DOCS (824-3627).

FREE SEMINARS

FALL PREVENTION

Tudy Trgovac, OTR/L

UC Irvine occupational therapist

Wednesday, Nov. 15 • 1 p.m.

Oasis Senior Center
800 Marguerite Ave.
Corona del Mar

SPINE AND BACK PAIN

Dr. Nitin Bhatia

Co-director, UCI Multidisciplinary
Spine Program

Wednesday, Dec. 6 • 10:30 a.m.

Jewish Community Center of Orange County
1 Federation Way, Irvine

COGNITIVE IMPAIRMENT

Dr. Steven Potkin

Robert R. Sprague Director of
the UCI Brain Imaging Center

Tuesday, Feb. 5, 2007 • 1 p.m.

Florence Sylvester Senior Center
23721 Moulton Parkway, Laguna Hills

TREMORS AND BALANCE DISORDERS

Dr. Neal Hermanowicz

Director, UCI Movement Disorders Program

Tuesday, March 27, 2007 • 1 p.m.

Florence Sylvester Senior Center
23721 Moulton Parkway
Laguna Hills

STROKE PREVENTION

Dr. Steven C. Cramer

UC Irvine neurologist

Wednesday, April 25, 2007 • 7:15 p.m.

Regent's Pointe
19191 Harvard, Irvine

**For more information, visit
www.ucihealth.com/seminars
or call toll free 1-877-UCI-DOCS
(1-877-824-3627).**

BALANCE AND MOBILITY FOR SENIORS

This 16-session program focuses on building flexibility, strength and endurance to improve balance and mobility and reduce the risk of falls. Participants must be medically stable seniors who live independently and can walk at least 200 feet safely without the use of any assistive devices. A written medical clearance is required. Prior to class, participants must schedule a 30-minute evaluation. Class meets on Tuesdays and Fridays.

Evaluations: Jan. 9 and 12, 2007

Classes: Jan. 16 through March 9, 2007

Cost: \$80 (\$40 for Senior Club members)

Registration is required. Call
1-877-UCI-DOCS (1-877-824-3627).

Keeping on Top of New Hospital Construction

Construction of University of California, Irvine Medical Center's new university hospital has been "topped out." The last beam of structural steel for the seven-story building was lifted into place at a gala in late summer 2006, marking a milestone in the construction of the state-of-the-art hospital.

Topping out is a centuries-old tradition that commemorates the placement of the last beam of a major structure – like the new university hospital – and is symbolic of reaching the maximum height of the new building.

The \$371 million hospital will offer the latest in medical technology, paired with pioneering care provided in quiet, patient-friendly rooms. The new hospital also will foster research and physician education. It will have 191 beds and 13 surgical suites. This is in addition to the existing 102 beds in the medical center's tower and the 84-bed Neuropsychiatric Center.

For more information about UC Irvine Medical Center's new university hospital, please visit www.ucihealth.com/newhospital. UC Irvine Medical Center thanks patients and visitors for their understanding during this time of transformation.



With the new university hospital towering behind them, Orange County Supervisor Bill Campbell, chairman of the Board of Supervisors, left, presents a congratulatory certificate to University of California, Irvine Chancellor Michael V. Drake, M.D., at the topping-out gala.

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FOR YOUR HEALTH

University of California, Irvine
Medical Center will become
smoke-free beginning
Nov. 16, 2006.

For the health of patients
and visitors, smoking will
be prohibited throughout
the medical center.

UCIrvine

Learn How to Prevent Falls

Want to take a class or attend a seminar on fall prevention? The next 16-session Balance and Mobility program begins in early January 2007. Hour-long seminars on related topics are scheduled for Nov. 15, 2006, and March 27, 2007. See page 3 for details. And read geriatrician Dr. Chinh Le's advice about fall prevention on page 1.

Staying on Your Feet (CONTINUED FROM PAGE 1)

multiple medical conditions interact in older adults.

Adults can take many steps to avoid dizziness and falls. A good place to start is a fun, eight-week program at UC Irvine Medical Center called "Balance and Mobility." The 16-session program is designed to improve senior's stability and help them become more mobile. It is for seniors who can safely walk 200 feet without assistive devices and are otherwise medically stable. See dates and other details on page 3 or call 1-877-UCI-DOCS (1-877-824-3627) for more information.

In addition, older adults should ask their doctor or pharmacist to review all of their medicines—traditional, alternative and over-the-counter—to reduce possible side effects and interactions.

Since most falls happen in the home, seniors should make their living quarters as safe as possible by:

- Removing tripping hazards such as throw rugs and clutter;
- Using nonslip mats in the bathtubs and shower floors;
- Installing grab bars next to toilets, tubs and showers;
- Putting handrails on both sides of stairways;
- Improving lighting throughout the home.

"With the growth of our aging population, falls have become one of the big concerns for seniors' health and are considered a 'geriatric syndrome,'" says Le. "But by talking with their doctors, seniors can help prevent falls. We have evidence that when we use strategies that involve assessment and intervention effectively, we can reduce the rate of falling."