

Healthy Aging

PERSONALHEALTHNEWS.CA

From having a vibrant social life to maintaining physical health, **Margaret Trudeau** shares her wisdom on ensuring your later years are happy and healthy.



Read the full interview at
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At age 67, Margaret is a celebrated author, advocate, grandmother, and mother to our current Prime Minister, Justin Trudeau. Mediaplanet caught up with Margaret to discuss her personal insight on healthy aging and her newest book.

Mediaplanet What inspired your newest book, *The Time of Your Life: Choosing a Vibrant, Joyful Future*?

Margaret Trudeau Overall, it was the feeling that even I was starting to disappear. At 65 three things happened that served as a huge wake-up call: my darling mom passed away at age 93, one of my closest girlfriends was diagnosed

with Alzheimer's disease, and I brutalized my shoulder in a skiing accident. I was left with a feeling I had earned a new weight on my shoulders — that now I was one of the "elders." I wrote this book to reach out to the youthful enthusiasm we used to have for life to help find new purpose and ways to be a whole, happy person, even though we are getting older.

MP You consider yourself a "perpetual teenager" — what are some of the characteristics from your youth that still define you?

MT Everybody laughs because I don't seem to get older — only younger and more free. When I was a teenager I was a hippie and I learned how to live in-the-now and love each day. Yes, at 67

I have old-age complaints about my body and I look in the mirror and jump every morning, but I have all the energies that I've ever had. I dance through my housework, I do yoga positions as I empty my dishwasher, I cook myself good food, and I am connected to the best of who I am now.

MP Justin definitely has his work cut out for him ahead, but what about you and the next 20 years?

MT I work as a mental health advocate. So I speak at corporations down to small town halls trying to get people to understand — they must put aside their fear of getting a diagnosis of a mental disorder. In this day and age, "in 2015," as Justin

says, there is help. I also continue my work internationally with WaterAid, working to make sure that we all have access to clean water and sanitation.

Even on the day of Justin's swearing in, I was also set to speak on aging at Lansdowne Park at 1:00 p.m. At 12:20 p.m. I was rushing around giving hugs to all my favourite people when Justin teased me and said, "Mom you have to go, it's your work, you've got to pay your bills!" So I am going to keep doing that and hope to do more — the more I can help, the happier I will be.

On the night of the election, a friend even asked me, "What do we call you now — Prime Mother?" I replied, "Well, PM sounds good to me!" Nope, I'm Grandma and Mommy, and that's me. ■

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Canada's aging population has unique oral health needs. Because of often inadequate oral care and the use of medications that may affect saliva flow in the mouth, seniors are particularly vulnerable to oral conditions that are recognized as risk factors for diabetes, lung, and heart disease.

Disease prevention

Many seniors, along with their caregivers and families, do not recognize the importance of maintaining the health of their mouth – whether they have their natural teeth or are denture wearers. Plaque, consisting of food debris and bacteria, accumulates in the mouth daily and has the potential to cause cavities, gum disease, odours, and infections. Research gathered by the Canadian Dental Hygienists Association confirms a high prevalence of gum disease and tooth decay among senior populations.

All older adults should be encouraged to brush their natural teeth in the morning and at night, and to remove plaque in between the teeth daily. Dentures and gums should be brushed at least once a day, and dentures should be removed for several hours each day. Older adults who experience dry mouth should sip water, avoid acidic foods, and use sugar-free chewing gum or lozenges. In addition, regular dental hygiene visits for preventive oral care are essential.

Professional care

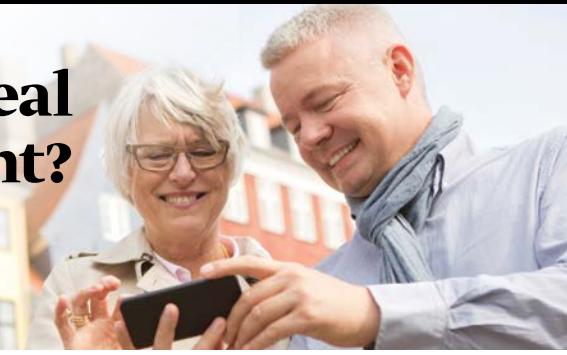
Dental hygienists are skilled professionals who provide primary health care in a variety of settings, including mobile dental hygiene practices that allow them to treat seniors wherever they live. Dental hygienists assess seniors for oral health problems, provide preventive services, and develop oral care plans to help them achieve and maintain optimal oral and overall health, enhancing their quality of life for years to come. ■

By Mary Bertone, RDH, MPH

Photo: Getty Images

What Is the Deal with Blue Light?

Dangerous wavelengths lurk everywhere



The sun is the ultimate provider of all life on Earth but, as anyone who has ever fallen asleep on a summer beach knows, it can also be incredibly dangerous. Just as too much sun on our skin can cause sun burns and eventually cancer, too much sunlight in our eyes can cause a host of vision problems as we age. The main culprits are ultraviolet (UV) light and blue light, which is worryingly ubiquitous both indoors and out.

"There are sources of blue light everywhere you look – everything from compact fluorescent lighting tubes to LED lights," says Dr. Open Kawale of Toronto Eye Care. "The biggest challenge is that we live in a digital age and every digital device – computers, tablets, smart phones, TVs – are all emitting blue light."

The blue light that eye doctors are concerned about is a thin band of the visible light spectrum more specifically called blue-violet light. This is to differentiate it from the nearby blue-turquoise light band which is essential to vision, sleep cycle, and many other areas of human health. Similarly, UV light has a good side as well as a bad – being responsible for the production of vitamin D, a micronutrient essential to bone health.

There's just too much light in modern life

The problem is not that sunlight is bad for us – it's that we are getting far more of the bad kinds of light than our ancestors did, and the effects of both UV and blue light are cumulative over time. We use devices all day and then turn on artificial lights at night. And, perhaps most importantly, we are living much longer. "As the population is getting older, we're going to see the prevalence of these conditions increase," warns Dr. Jerry Nolfi, also of Toronto Eye Care.

The conditions in question are cataracts, which can be caused by UV light breaking down proteins in the crystalline lens. Or, macular degeneration, which can be caused by blue light damaging the photoreceptors in the retina. While there are effective surgical treatments for cataracts, macular degeneration remains incurable and results in blindness in the central field of vision. And yet, awareness of the dangers of blue light among the public is worryingly low. "It took us years to get to the level of UV light awareness we are at now and that process is just starting with blue light," says Dr. Nolfi. It is imperative that we continue to educate people, and awareness campaigns like Blue Light Exposed – which expose the harmful effects of blue light rays – help achieve that goal.

To lower our risk of these conditions, Drs. Nolfi and Kawale suggest that we focus on the factors that are under our control. Certainly, genetics and aging can play a large role in whether we develop these eye conditions, but there's nothing we can do about that. What we can do is stop smoking, maintain a healthy weight, and limit our exposure to blue and UV light.

"Anything that can reduce your blue light exposure is going to help. You can minimize your digital device time. You can wear eyeglasses with lenses that feature a blue-violet light filter coating. You can be proactive with wearing a hat and sunglasses," says Dr. Kawale. "It's especially worrisome with children, who are beginning to use tablets from a very young age, and we know that the effects are cumulative. Parents need to be aware that these risks are there and that they have control over them." ■

By Frank Campagna



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Age and Fertility: Understand Your Options

Mediaplanet sat down with Dr. Gandhi, a leading fertility expert, who answered the most common questions that women are asking today.



Dr. Shruti Gandhi

Founder/Medical Director, Westend Centre for Assisted Reproduction (WeCARe), Medical Biochemistry with Special Interest in Fertility

Mediaplanet Does my age affect my fertility?

Dr. Shruti Gandhi Yes, age is considered a factor in fertility; it is well established that fertility rates and success decline as a woman's age increases. A female baby is born with one to two million immature eggs, or follicles, in her ovaries. By the time she reaches puberty, that figure decreases to only about 300,000–400,000 follicles. During each menstrual cycle, follicles are lost, and only one will mature into an egg released into the fallopian tube, which will result in ovulation. Optimal fertility with an adequate number of good-quality oocytes is considered to occur between 20 and 35 years of age. After the age of 35, it is established that the number and quality of eggs decline. This decline occurs rapidly once the female is over the age of 42 or 43. At approximately 50 years of age, the ovarian reserve is very low to nil until menopause.

MP Why does fertility decline so rapidly as you get older?

SG The most important irreversible factor of infertility in a female is age. As explained before, the ovarian reserve and quality of eggs both decline with age. The incidence of other diseases, such as diabetes, high blood pressure, hypothyroidism, and obesity also increase with age, which can affect fertility. Women with careers and other commitments may also be prone to high-stress environments, which can impact fertility adversely. With an increase in age, stress, time, and commitments, a woman's lifestyle may become unhealthy – resulting in poor dietary habits or no regular exercise, which also could impact fertility.

MP What will help me get pregnant in my 30s and 40s?

SG If any woman in this age group has questions or concerns about her fertility, I recommend that she should find out what her ovarian reserve is by doing a simple blood test. This blood test, called the Anti-Müllerian hormone test, can be done at any time in her cycle. If she is 30 years old, without any other medical problems, and the results of the test are good, she may not have much cause for concern. One op-

tion at this stage is to freeze her healthy oocytes until she is ready to start a family. Another option, if she is in a stable relationship and is certain that she would like to have a baby with her partner, is to freeze their embryos after going through in vitro fertilization (IVF), until the couple is ready to have a baby. If she is in her late 30s or early 40s, and has a low ovarian reserve with poor-quality eggs, one option would be to try the new AUGMENT treatment with IVF to improve the mitochondria of her eggs, which may result in a higher rate of success. Another option, if her ovarian reserve is very low, is to consider IVF with a donor egg. This option may have a higher success rate in older females.

MP What about the father's age?

SG This is also a very important factor to consider in fertility. Men over the age of 40 may have a greater incidence of medical problems such as diabetes, blood pressure, and erectile dysfunction. Sperm quality may decline, even though the count (volume) of sperm may be normal. Abnormal sperm cannot fertilize eggs so as to result in a genetically normal embryo. This may lead to unsuccessful treatment and a higher miscarriage rate. ■

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Health Past 50

Targeting the nutrients we need most as we age.

So many of us have strong and vivid childhood memories of daily chewable multivitamins, ideally in the likeness of our favourite cartoon characters. These vitamins, sweetened to make them palatable to the finicky taste buds of youth, were a welcome treat, stand-ins for the candy that we really wanted and were unfairly denied. It's hardly a surprise then that many Canadians continue the habit, almost automatically into adulthood and later life, believing our nutritional health secure, though too few of us really consider how our nutritional needs change as we age.

"As we age, our bodies may have difficulty absorbing certain nutrients from foods, or there may be inadequate intakes due to a decrease in appetite," says Andrea D'Ambrosio, National Spokesperson for the Dietitians of Canada. Vitamin B12 is a prime example, often appearing at dangerously low counts among older Canadians. Low B12 levels can cause a range of ailments from fatigue and loss of appetite to confusion and depression.

Another important case is that of vitamin D, which our bodies naturally create when exposed to sunlight.

"When we get older there is a reduction in our ability to synthesize vitamin D from sunlight," says Hélène Payette, PhD, of the University of Sherbrooke. "Also, very old people often do not really go outside without being quite well covered, so they get less sun overall." Being low in vitamin D is a risk factor for falls, fractures and osteoporosis, as well as reduced immunity to other illnesses.

Diet is king

"What's most important is eating a wholesome and mostly organic diet with brightly coloured fruits and vegetables," says Bryce Wylde, Associate Medical Director of the P3 Clinic. But people, especially older people and people with complicating health conditions, can still end up low in vital nutrients even with a healthy diet, and that's why Dr. Wylde says it's so important for them to receive individualized testing to determine their vitamin needs.

"In a clinical setting, I often find people aged 50 and over having very low levels of omega-3 fatty acids, for example" says Dr. Wylde. Maintaining high levels of omega-3 fatty acids is particularly important for heart health, with high levels resulting in up to

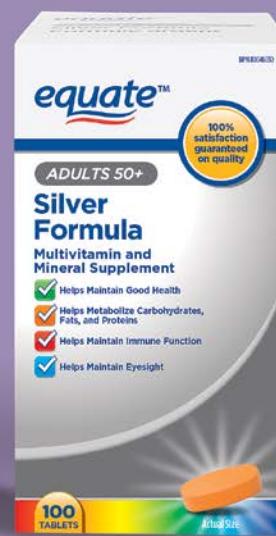


a 90 percent reduction in mortality from heart attacks. While a multivitamin may contain a few hundred milligrams of omega-3 to ensure that those taking it meet their minimum levels, the sort of therapeutic dosage to be effective protection against heart attacks can easily run to the thousands of milligrams.

Even among nutritional professionals, however, there is considerable debate about optimal levels and safe upper limits for most vitamins. "If you are considering taking supplements, it's important to check with your physician or dietitian," says D'Ambrosio. "They will consider your health needs as well as any current medications you are taking to recommend the best dose."

One thing is clear: for Canadians in middle age and beyond, it is vital to also target those specific nutrients — like B-12, vitamin D, and omega-3 — that we are low in, or those that might be particularly therapeutic or preventative for our own unique medical situation. And identifying your own ideal vitamin profile is always going to mean talking to your doctor. ■

By D.F. McCourt



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Smart Meters Simplify Health Readings for Diabetes Patients

Innovative technology products are taking away the guesswork for patients managing diabetes and blood pressure by utilizing smartphones and the internet — helping them lead better, healthier lives.

Devices to read and monitor blood-glucose levels and blood pressure have been available for some time, except they were never “smart.” Harnessing the power and reach of smartphones, it is now possible to get an accurate reading and record data over to a compatible application that is able to break down the data into a simple, user-friendly interface.

Connected and accurate

A blood-glucose meter could plug in directly to the audio port of an iPhone or Android handset, and after placing a blood sample onto a test strip, the app records the result. It's a process that can be repeated a few times per week, or several times throughout the day.

“Such a device replaces carrying a blood-glucose meter, separate vial of test strips, separate blood-letting device that pokes your finger and a logbook to record it,”

says Tino Montopoli, an Ontario pharmacist who also runs Diabetes Depot. “It does all the graphs and calculations with empirical data for analysis from themselves or a doctor. It's also peace of mind that the right dose of insulin is given, including what food is being ingested.”

He sees it being especially helpful for how easy it is for patients to use these products with their own smartphones, and the precise data they are able to log automatically. In the past, patients who used do-it-yourself monitors had to record results manually in a logbook, and then do the math to calculate how the nutritional details for meals might impact blood-sugar levels. Inputting that data into an app can take out the guesswork.

“A parent or caregiver can log in to the cloud-based website and check on those things, since the data is stored on the smartphone and the cloud,” he says. “They can program a certain threshold whereby the system would notify a parent or caregiver via text message of a specific blood-glucose level.”

Doctor's orders

Doctors and caregivers also greatly benefit, says Robert Burgy, President of Auto Control Medical Inc. in Mississauga, ON. Previously, the onus would have been on patients to manage all the record-keeping and be honest with their doctors about the results.

“As healthcare professionals have observed, a patient who gets a high reading the day before an appointment may jot down a normal number, providing the wrong information,” says Burgy. “Doctors know that the least reliable reading they have is the one they take at the time the patient is in their office, because blood pressure and blood-glucose readings can change so quickly.”

To help stay on top of the data, someone with an elderly parent could also monitor blood pressure or blood-glucose results by logging into his or her account. As the data is based in the cloud, it is accessible via the same app or a web browser using the same account information.

“Having all this information handy and being able to communicate it is a big thing,” he says. “The fact that different people can share it has never truly been done before, and with most people having smartphones today, it's also never been easier to adopt these devices.” ■

By Ted Kritsonis

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The Importance of Adult Vaccination

The debilitating pain of shingles, and why Canadians aren't being immunized against it.



Peter Maloney, advocate for shingles awareness and active CARP member, is committed to living-well and sharing his story on the importance of preventing this painful disease. Pictured in Cuba on Christmas Day in 2013 (left) and at the Ontario Liberal Party 2015 AGM on June 6 (right). Photos: Submitted



By D.F. McCourt

Canadians in general feel very positively about vaccination, but we aren't always as well informed as we could be. There is a persistent belief, for example, that vaccination is essentially an issue centred on children. In fact, there are important vaccines for older Canadians that also need our awareness and support. One particularly harmful vaccine-preventable disease that does not get as much attention as it should is herpes zoster (shingles).

The shingles vaccine is recommended for all Canadians over the age of 60. This condition can be extremely debilitating and can result in permanent chronic pain. Due to a confluence of issues, however, most Canadians go unvaccinated. "There is a layering of issues. First, the lack of general awareness of the need to get vaccinated," explains Susan Eng, Executive Vice President at CARP, a national non-profit that advocates for older Canadians. "The second problem is the lack of funding. For some people on a fixed income, the cost can just be a bridge too far." Despite the federal recommendation, patients must pay out of pocket (usually \$100 to \$200) for the shingles vaccine.



Susan Eng
Executive Vice President,
CARP

The toll of a single preventable case of shingles

Peter Maloney developed the first sign of shingles on January 17, 2015. Two days later he was in the hospital with painful blisters covering the entire left side of his head and affecting his vision. "I couldn't handle bright light. I had problems even looking at the computer screen," says Maloney. "During that whole period I was in significant pain. It wouldn't be unusual for me to be pacing over and over again in my apartment in the middle of the night, unable to sleep because of the pain."

Maloney, a college instructor, was forced to cancel classes and largely confine himself to his home. "It was tremendously isolating," he says. And the condition affects so many people — 30 to 40 percent of all Canadians over the age of 60 — that Maloney on more than one occasion encountered doctors and

"There is a layering of issues. First, the lack of general awareness of the need to get vaccinated... The second problem is the lack of funding."

nurses asking if he hadn't just been in the day before. Another man looking just like Maloney had been in the same hospital that same week with the same presentation of the disease.

Ten months later, Maloney is back at work, living his life to the fullest, and taking active part in CARP's advocacy and outreach, but he is still feeling the effects. "I'm still not symptom free," he says. "But gradually the symptoms are subsiding." And if Maloney's symptoms do subside entirely, he will be one of the lucky ones. For many, a single case of shingles can result in lifelong pain from postherpetic neuralgia.

Prevention requires access

That this could have been prevented by a vaccine that is well-trusted, approved, and even recommended is difficult to accept. "The irony is, about two weeks before the outbreak I was talking to my

doctor about the vaccine," says Maloney. "My father had shingles and I certainly didn't want it. But I just sort of hesitated. It didn't seem that important at the time, so I let it go. And that, of course, was a big mistake."

It's an easy mistake to make as long as, excepting annual influenza shots, our system continues to do little to encourage adults to pursue immunization. In fact, the flu shot is perhaps the best model for how adult vaccinations should be handled. While the shingles vaccine costs money out of pocket, the flu shot is usually free. While the shingles vaccine requires a prescription, the flu shot does not. And while both vaccines can be administered by pharmacists in much of Canada, Maloney lives in Ontario, where pharmacists are not permitted to administer the shingles vaccine. "It was all the steps involved that made me hesitate," says Maloney. ■

Night #14 with shingles



It is estimated that nearly 1 in 3 people will get shingles in their lifetime and the risk increases with age. Shingles is a painful, blistering rash that can last for several weeks. And in some people, shingles can lead to excruciating nerve pain that can last for months, or even years.

**Don't wait for you or someone you love to develop shingles.
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Multiple Sclerosis: Why Patient Education Is Critical

The pins and needles started in her right hand. Carrie MacLean was a 28-year-old newlywed, working in a high-stress job as an IT team lead. Within four days she lost functionality in her hand. She couldn't even pick up a pen. But then she gradually returned to normal, like the nightmare never happened. Nearly two years later, she had another attack and received a diagnosis: multiple sclerosis (MS).

"I was petrified," she recalls. "I thought I had a couple of years to live — it was a death sentence. That's what I thought."

Understanding MS

She threw herself into learning everything she could about MS. The more she read, the more she realized: "This is not a death sentence. This disease is manageable. You can live a long life."

MacLean has the most common variation of the disease — relapsing-remitting MS — which is characterized by attacks, followed by remission. The danger is the disease might deteriorate to secondary-progressive MS and increasing disability, which happens to about half of people within 10 to 20 years, according to the MS Society of Canada.



Carrie MacLean and her family. Photo: Submitted

Waterdown, ON with her husband and two daughters, who she had after her first MS attack. She does yoga and attends an MS support group. But life has changed.

When she realized stress and lack of sleep were her triggers for attacks, she left her job to raise her two girls.

Finding the right treatment

The first MS treatment she tried made her anemic. The second required daily injections. Terrified of needles, her severe panic attacks meant it wasn't an option. When a new oral treatment option was coming to the Canadian market, she knew that was the treatment she wanted.

"The research is changing so fast. You need to be your own best advocate," MacLean said. She brought her research to her neurologist and he teased her. "He said, 'How do you know so much?' I said, 'Because I've done my research.'" Carrie experienced mild side effects like flushing and nausea, which stopped after two months, and she has been happily on the drug ever since.

Her advice for new MS patients is that they do their own research on legitimate websites. "In doing that, you become less scared," she says. ■

By Kimberley Fehr

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