



EYE HEALTH

NEEDING READING GLASSES IS COMMON PART OF THE AGING PROCESS

By Courtney Diener-Stokes
For MediaNews Group

FYI

For more information about age-related vision loss and eye diseases visit:

The American Academy of Optometry: www.aaopt.org

The American Academy of Ophthalmology: www.aao.org

An unwelcome gift of aging when many turn 50 is the need for reading glasses.

This age-related loss of near vision, which occurs when the muscles of our eyes lose their focusing ability, can impact those who have never previously had issues with their eyes.

It can put a kink in the normal ease you might have once had doing everyday things, such as being able to read the ingredients on cans, the numbers on produce stickers at self check-out or taking in a good novel or the news on a smartphone.

Most head to the nearest pharmacy or any of the dollar stores to get multiple pairs of non-prescription readers to place anywhere and everywhere they might come in handy, such as one pair for the kitchen counter, another on the bedside table and one for the car.

"Between 45 and 50 pretty much everyone reaches a point where they need to have reading glasses," said Dr. Lana Heckman, who practices at Premier Optical in Target Optical, Wyomissing, Berks County. "They had good vision all their lives and then suddenly they can't read."

This is a time when many head to see an optometrist, which is why Heckman is used to seeing many patients in this age bracket.

"Often it's the first time they have had their vision checked in a very long time," she said.

Nancy Niggel, 59, found her vision loss started in her 40s.

"When I was taking care of my kids, it began to be hard to look

at things close up, like looking for ticks," said Niggel who lives in Limerick Township, Montgomery County and works in Chester Springs, Chester County, as the executive director of the Chester Spring Library.

Niggel had to start wearing readers on top of her contact lenses that she has worn since she was in ninth grade. She is now equipped with many pairs of readers.

"You just have to have them constantly somewhere handy," she said. "You have to have one pair in every room."

Now that she's older, Niggel, who keeps up her eye health by seeing an optometrist once a year at a Walmart Vision Center, assesses her day in advance to figure out the best plan for her vision support.

"If I know I'm going to be doing crafts today or story time and I need to really be focused, then I'll wear my glasses since I have the progressive bifocals," Niggel said. "I used to feel my contacts were better, but now I prefer my glasses when I know I'll be doing closeup activities all day."

If you are encountering vision issues due to age for the first time, Heckman said it's ideal to get examined by an eye doctor for various reasons despite the common



COURTESY OF SUZY HAZELWOOD

Age-related vision loss begins between 45 and 50 years of age, which impacts reading.

urge for many to gravitate toward the quick fix of drug store readers.

"I find people grab the wrong strength," she said. "Also, the quality isn't always the greatest, and it can lead to headaches because they aren't right for you."

Other issues might involve a person needing a different prescription in each eye, or they might have astigmatism that has to be taken into consideration, in addition to other potential considerations.

"You need different strengths for a computer versus reading fine print," she said.

Heckman said that people are coming in later than in previous years due to technology helping them with their near vision.

"They are increasing the text size on their phone or Kindles or taking a picture of text and blow-

ing it up," she said. "I find this has been in recent years since everyone has a smartphone."

Once you do your first visit to the optometrist or ophthalmologist, Heckman suggests a frequency for return visits based on age and history.

"If age 50, they should go every other year unless they notice a change," she said. "If 60 and older, they should come in every one to two years regardless of whether or not they have vision issues."

A baseline eye exam and eye disease screening can help rule out eye diseases common in adults age 40 and older, which provides a greater chance for early treatment and preservation of vision.

Not all changes in vision are related to age alone. Heckman shared some issues that you

should look out for that would be in need of immediate attention.

"Pain in the eye, floaters, chronic irritation, dry eyes, flashes of light," she said. "All of those could be indicative of an underlying disease such as retinal problems, cataracts or glaucoma."

"Glaucoma is one of the main reasons you should have your eyes checked because it is symptomless, but once detected it can be treated. If it's not treated it can lead to vision loss or blindness."

Age-related macular degeneration is an eye disease that does cause symptoms and can also lead to blindness if it goes untreated.

"This is a loss of central vision common in the more elderly, 65 and up," she said. "This is why it's good to come in to check the retina for macular degeneration, ret-



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HEALTH

Seniors with prediabetes should eat better, get moving, stop fretting

By Judith Graham
Kaiser Health News

Almost half of older adults — more than 26 million people 65 and older — have prediabetes, according to the Centers for Disease Control and Prevention. How concerned should they be?

Not very, say some experts. Prediabetes — a term that refers to above-normal but not extremely high blood sugar levels — isn't a disease, and it doesn't imply that older adults who have it will inevitably develop Type 2 diabetes, they note.

"For most older patients, the chance of progressing from prediabetes to diabe-

tes is not that high," said Dr. Robert Lash, chief medical officer of the Endocrine Society, commenting on recent research. "Yet labeling people with prediabetes may make them worried and anxious."

Other experts believe it's important to identify prediabetes, especially if this inspires older adults to get more physical activity, lose weight, and eat healthier diets to help bring blood sugar under control.

"Always a diagnosis of prediabetes should be taken seriously," said Dr. Rodica Busui, president-elect of medicine and science at the American Diabetes Association, which recommends

adults 45 and older get screened for prediabetes at least once every three years.

The CDC and the American Medical Association make a similar point in their ongoing "Do I Have Diabetes?" campaign.

Still, many older adults aren't sure what they should be doing if they're told they have prediabetes. Nancy Selvin, 79, of Berkeley, Calif., is among them.

At 5-feet and 106 pounds, Selvin, a ceramic artist, is slim and in good physical shape. She takes a rigorous hourlong exercise class three times a week and eats a Mediterranean-style diet. Yet Selvin has felt alarmed since learning last year her



TRIBUNE NEWS SERVICE

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blood sugar was slightly above normal.

"I'm terrified of being diabetic," she said.

Two recent reports about prediabetes in the older population are stimulating heightened interest in this topic. Until their publication, most studies focused on prediabetes in middle-aged adults, leaving the significance of this condition in older adults uncertain.

The newest study by researchers at the CDC, published in April in JAMA Network Open, examined data about more than 50,000 older patients with prediabetes between January 2010 and December 2018. Just over 5% of these patients progressed to diabetes annually, it found.

Researchers used a measure of blood sugar levels over time, hemoglobin A1C. Prediabetes is signified by A1C levels of 5.7% to 6.4% or a fasting plasma glucose test reading of 100 to 125 milligrams per deciliter, according to the diabetes association. (This glucose test evaluates blood sugar after a person hasn't eaten anything for at least eight hours.)

Of note, study results show that obese older adults with prediabetes were at significantly heightened risk of developing diabetes. Also at risk were Black seniors, those with a family history of diabetes, low-income seniors and older adults at the upper end (6%-6.4%) of the A1C prediabetes range. Men

were at slightly higher risk than women.

The findings can help providers personalize care for older adults, Busui said.

They also confirm the importance of directing older people with prediabetes — especially those who are most vulnerable — to lifestyle intervention programs, said Alain Koyama, the study's lead author and an epidemiologist at the CDC.

Since 2018, Medicare has covered the Diabetes Prevention Program, a set of classes offered at YMCAs and in other community settings designed to help seniors with prediabetes eat healthier diets, lose weight, and get more physical activity. Research has shown the prevention program lowers the risk of diabetes by 71% in people 60 and older. But only a small fraction of people eligible have enrolled.

Another study, published in JAMA Internal Medicine last year, helps puts prediabetes in further perspective. Over the course of 6.5 years, it showed, fewer than 12% of seniors with prediabetes progressed to full-fledged diabetes. By contrast, a larger portion either died of other causes or shifted back to normal blood sugar levels over the study period.

The takeaway?

"We know that it's common in older adults to have mildly elevated glucose levels, but this doesn't have the same meaning that it would in younger individuals — it doesn't mean you're going to

get diabetes, go blind, or lose your leg," said Elizabeth Selvin, daughter of Nancy Selvin and a co-author of the study.

She is also a professor at Johns Hopkins Bloomberg School of Public Health.

"Almost no one develops the (diabetes) complications we're really worried about in younger people," she said.

"It's OK to tell older adults with prediabetes to exercise more and eat carbohydrates evenly throughout the day," said Dr. Medha Munshi, director of the geriatric diabetes program at Joslin Diabetes Center, an affiliate of the Harvard Medical School. "But it's important to educate patients that this is not a disease that is inevitably going to make you diabetic and stress you out."

Many older people have slightly elevated blood sugar because they produce less insulin and process it less efficiently. While this is factored into clinical diabetes guidelines, it hasn't been incorporated in prediabetes guidelines, she noted.

Aggressive treatments for prediabetes, such as the medication metformin, should be avoided, according to Dr. Victor Montori, an endocrinologist and professor of medicine at the Mayo Clinic.

"If you get diabetes, you will be prescribed metformin," Montori said. "But it's just nonsense to give you metformin now, because you may be at risk, to reduce

PREDIABETES » PAGE 6

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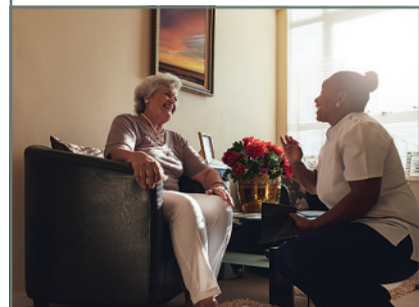
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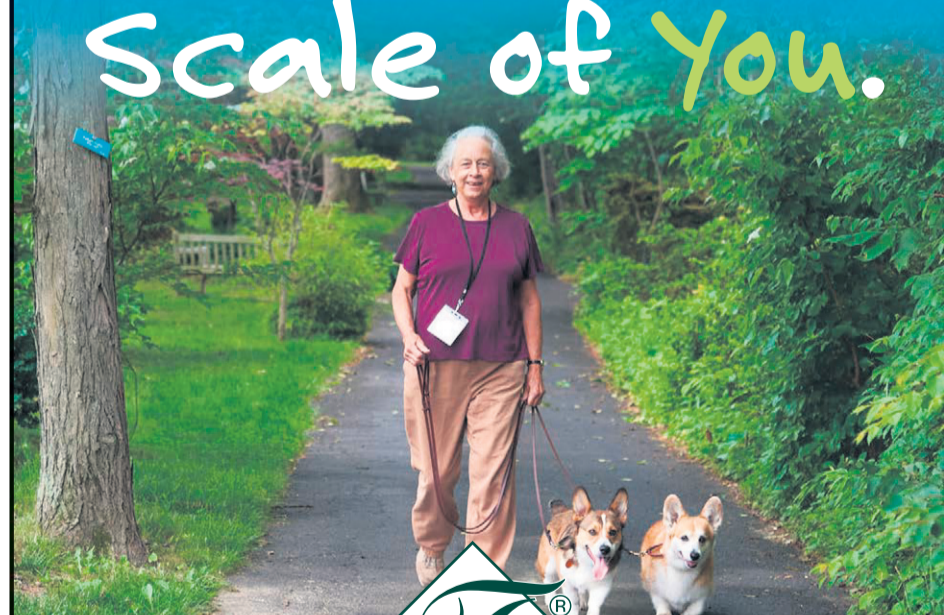



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SPOT OF T

The importance of the unimportant

By Terry Alburger

Recently, I had the privilege (and challenge!) of babysitting three of my grandchildren for the weekend. Ages ranged from 4 to 11.

I had big plans for that weekend, including some writing, yard work and cleaning. Ironically, those are the three things I never even got close to doing! And do you know what? I couldn't be happier.

The things we did accomplish included painting, playing with Play-Doh, playing games, even Transformers. These things, though seemingly of little importance to some, were of the utmost importance to those kids. And therefore, they were of the utmost importance to me.

Upon closer scrutiny, the paintings done by my 11-year-old granddaughter were tributes to the fallen of 9/11. She had learned about it in school and had a lot of questions, resulting in deep conversations.

She ultimately created four paintings that brought me to tears. Oh yes, her paintings were of the utmost importance.

Games. How many times can you play Don't Break the Ice or The Fishing Game? The answer is, as many times as your young grandson asks. It was important for him, and yes, I did let him win most of the games. But the fun part was just the bond created as we played. And the best part was his smile. Important? You betcha.

My 8-year-old granddaughter, who I don't usually get to see too much, surprised me by asking if she could say grace at the table before dinner. Of course, we were delighted. She

was helpful, often taking care of her younger brother and translating for him when I couldn't understand what he was saying.

She was a protector and playmate to him all at the same time. I learned a lot about her that weekend. And it was wonderful.

These are the things, in my opinion, that should be at the top of my priority list. Maybe I didn't get any cleaning done, but that can wait. The grass may get a tad longer before I get to cutting it and my writing may be postponed by a day, but the smiles of those kids and the laughs we shared made it all worthwhile.

I think perhaps the greatest gifts we have are the voices of young children. They are unfiltered and pure and will tell you the truth no matter what. And their imaginations — wow! The dialogs shared were incredible. Because I took time to do unimportant things, I learned things of great importance about each one of them.

I have always been one to look for the rainbow instead of focusing on the storm, a trait passed on to me by my parents. In doing so, I've learned that what some others consider important really are of little consequence.

Wealth, status, material possessions — they are of little importance to me. But time spent with loved ones, of any age ... well, that to me is the most important thing in my life. I will drop what I'm doing at the chance to spend time with them. Time flies — and with that, the opportunities to enjoy their company. What more important thing could there be than the unimportant?

PROMOTING SENIOR WELLNESS

Aging eyes: recognizing disease and supporting eye health

By Jennifer Singley

Of all the senses, sight, sound, smell, taste and touch, which one is most important to you?

According to one survey, 8 out of 10 respondents reported that their sense of vision was the most important to them, yet only half had visited an eye doctor in the past year.

Unfortunately, many do not fully understand the role that regular eye exams play in health and how to support eye health throughout life. Seniors are at risk for several vision problems, but they can be prevented or caught early with regular eye exams and lifestyle changes.

Common vision problems affecting seniors

GLAUCOMA» Glaucoma is a condition caused by too much fluid pressure in the eye, which can cause vision loss or blindness if left untreated. Early warning signs of glaucoma include headaches, vision loss, patchy vision, tunnel vision, eye pain, eye redness or seeing halos around lights. Glaucoma can be detected with eye dilation during a routine eye exam and treated with drops, laser treatment, or surgery.

CATARACTS» A cataract is a cloudy spot on the lens of the eye that will cause blurred vision, making it difficult to do daily activities such as reading. Cataracts can be easily removed with surgery.

Aging-related macular degeneration: Detected during a dilated eye exam, macular degeneration affects the sharp central vision required for the eyes to focus on things like reading and driving. Those with macular degeneration might first notice distortions in vision — such as blurriness

or straight lines appearing wavy — and be unable to see in dim lighting. There is no cure, but treatments are available to slow the progression of the disease and prevent it from worsening.

DIABETIC RETINOPATHY» Those with diabetes — particularly whose blood sugar is uncontrolled — are at risk for diabetic retinopathy, which develops slowly but is detectable with a dilated eye exam. Early warning signs include blurred or distorted vision, loss of the ability to detect color, or seeing spots. **DRY EYE»** Commonly affecting older adults, especially women, dry eye is the result of improperly functioning tear ducts and produces a grainy sensation, as though a piece of sand were caught in the eye. Dry eye is treatable with both prescription

and over the counter eye drops or ointments. Using a humidifier at home can also help ease symptoms.

Prevention

The vision conditions affecting seniors might seem overwhelming, yet there are still several significant and simple ways to take care of your eyes and potentially even prevent vision problems from occurring.

Most important is to get regular eye exams — even if you do not think you are having any issues with your vision. Do not ignore any early warning signs of eye disease.

Take care to protect your eye health in your lifestyle choices:

- Wear sunglasses or a hat when outdoors.
- Limit the amount of time

spent looking at a screen.

- Avoid working in dim lighting.
- Consume a diet rich in orange and yellow pigmented produce, which are high in antioxidants lutein and zeaxanthin and may help lower the risk of aging-related vision problems.
- Quit smoking.
- Get adequate sleep.

While the aging of your eyes is inevitable, with awareness of disease warning signs and ways to promote eye health in everyday life, the loss of your vision is most certainly not.

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Send information to seniorlife@medianewsgroup.com. Be sure to include your contact information in case we need to follow up.

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COMMUNITY EVENT

White Horse Village to host Octofair on Oct. 8

For MediaNews Group

White Horse Village, 535 Gradyville Road, Edgmont Township, Delaware County, will be holding a free community event on Oct. 8 from 9 a.m. to 2:30 p.m.

The 31st annual Octofair features fun for the entire family, including antiques, crafts, auctions, raffles, food, shopping and more. Visit <https://www.whitehorsevillage.org/octofair> for a preview of auction and sale items.

There will be auctions featuring antiques, art, jewelry, collectibles and furniture.

Raffles will offer gift baskets and a handmade quilt.

Breakfast and lunch are as well as baked goods and jams will be available.

You can purchase gifts, crafts, books, clothing, gardening items and recycled treasures.

You can win spirits on the spirits wheel game of chance.

There also will be activities for children.

ANNIVERSARY

Harrison Senior Living marks 50th anniversary

For MediaNews Group

Harrison Senior Living, an award-winning provider of healthcare and hospitality services to seniors in Valley Township, Chester County, and the Eastern Shores of Delaware and Maryland, is celebrating its 50th anniversary with a series of special events through 2023.

Established by James and Katherine Harrison in 1972, the company's first community was located in Southeastern Pennsylvania. In the decades that followed, Harrison Senior Living opened four additional locations in Delaware and Maryland.

All Harrison Senior Living communities will be celebrating the company's golden milestone through a series of events at each location, enabling residents, their families, staff and members of the greater community to re-

flect on the company's history, honor its residents and staff and celebrate the company's future of growth and expansion into new geographic and service areas.

Some of the upcoming anniversary events:

• **COMMUNITY DAY PICNIC**» Friday, 1-4 p.m., at the Harrison House of Snow Hill, Snow Hill, Md. The theme is "Celebrating YOU! Our Staff & Our Community."

• **OPENHOUSE**» Sept. 29, 3-6 p.m. at the John B. Parsons Community. The theme is "Relax and Reflect" and will include tours of the community's renovated spaces.

• **ART SHOW**» Oct. 6, 4-7 p.m. at the Harrison House of Chester County, Valley Township. The theme is "An Evening of Art & Community," where the focus will be a modern take on local history.

These events will be followed by team member recognition events in October at each location. The event schedule is designed to include and show appreciation for all of Harrison Senior Living's stakeholders.

For more information about these and other Harrison Senior Living golden anniversary events, contact the respective host facility. Events are by invitation only due to healthcare regulations.

"Harrison Senior Living takes pride in operating all of its communities in a loving, family-like setting, for the benefit of patients, residents, and staff," said Harrison Saunders, president and CEO, Harrison Senior Living. "Not only is our 50th anniversary a testament to our residents, their families and our staff, it is also an opportunity to highlight our commitment to being and remaining a family-owned-and-operated healthcare and hospitality company."

Under the leadership of the third generation of the Harrison family, Harrison

Senior Living has been the recipient of numerous honors and awards:

▪ 2022 winner of the Silver Award for Quality for Harrison House of Snow Hill, by the American Health Care Association

▪ 2022 is the seventh year in a row that the Harrison House of Georgetown has been awarded "Best of Nursing Care Center in Southern DE" by Metropolitan Magazine readers.

▪ 2022 is the second year in a row that the John B. Parsons Assisted Living has been awarded "Best of Nursing Care Center in Eastern Maryland" by Metropolitan Magazine readers.

▪ 2022 winner of the Bronze Award for Quality for the John B. Parsons Assisted Living, by the American Health Care Association

▪ 2022 winner of the "Best Place to Work" designation, company-wide and for the second year running at Harrison House of Chester County and the John B. Parsons community

▪ 2021 and 2022 employee awards included three McKnight's Healthcare News awards, Women of Distinction awards and the Titan 100 CEO award.

Harrison Senior Living team members are encouraged to be active in their respective communities and to give back whenever possible. Team members participate as volunteers or sit on the boards of organizations including area senior centers, chambers of commerce, Rotary Clubs, Boy Scouts of America, the Alzheimer's Association, state healthcare facilities' associations and animal, and environmental protection groups.

Harrison Senior Living plans to continue celebrating its achievements and, more importantly, providing residents with the very best in healthcare and senior living services. To

learn more, visit www.harrisonliving.com.

About Harrison Senior Living

Harrison Senior Living has provided healthcare and hospitality services to seniors for 50 years. Family owned and operated, Harrison Senior Living takes extra pride and care in the services it delivers. Its Independent Living, Assisted Living/Personal Care, Memory Care, Skilled Nursing and rehabilitation communities are all committed to meeting the needs of residents in a loving, home-like environment.

With locations in Southeastern Pennsylvania, Delaware and the Eastern Shore of Maryland, Harrison Senior Living offers a continuum of care services and senior living options, through programs that offer a positive impact on the health and wellbeing of its residents and the communities it serves.

Harrison Senior Living abides by the following core values:

- Treat residents and guests with respect, compassion and empathy.
- Empower its teams to strive for the highest quality and standards.
- Serve the communities within its buildings and outside among its neighbors, always exceeding expectations.
- Maintain a family of support, service and excellence.

Harrison Senior Living does everything possible to help residents and their loved ones find the support they need. Whether that comes in the form of advanced skilled nursing programs, rehabilitation services, assisted living options or independent living communities, Harrison Senior Living is always looking for new ways to develop and nurture creatively caring communities for residents and guests alike.



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I'm 78 and still working; should I apply for Social Security?

By Russell Gloor

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DEAR STILL WORKING» You not only can get your Social Security check now, I recommend you apply for it as soon as possible. Regardless of your current earnings, you'll not suffer any penalty because you are still working. That's because you stopped being subject to Social Security's "earnings test" when you reached your full retirement age (FRA) of 66 some years ago.

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You can apply for your benefits either by calling SS at your local office or the national Social Security service center at 1-800-772-1213 to make an appointment to apply, or you can apply online at www.ssa.gov/retire.



Russell Gloor

Applying online is by far the most efficient method, but you'll need to first create your personal "my Social Security" online account to do so (simply go to www.ssa.gov/myaccount and follow the instructions).

Since you're still working, and assuming you have creditable healthcare coverage from your employer, you can delay enrolling in Medicare until you stop working (creditable coverage is a group plan with at least 20 participants).

If you haven't yet enrolled in Medicare and you've had creditable healthcare coverage since you were 65, you will not incur a late enrollment penalty for enrolling in Medicare now, but you can also continue to defer enrolling in Medicare without penalty if your employer coverage is creditable.

I strongly encourage you to apply for your So-

cial Security benefits as soon as possible, because you will continue to lose money by delaying further. You will still get credit for your current earnings even after you start your Social Security benefits and, if appropriate because of your recent earnings, your benefit amount will be automatically increased, so there is no reason to delay claiming Social Security any longer.

You earned your Social Security benefits, you aren't subject to a penalty because you're still working, and you'll continue to get credit for your current earnings while still working, so you should apply for your Social Security benefits as soon as possible.

Russell Gloor is a certified Social Security adviser by the Association of Mature American Citizens: <https://amac.us/social-security-advisor>.



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Prediabetes

FROM PAGE 2

the chance that you'll need metformin later."

Unfortunately, some doctors are prescribing medication to older adults with prediabetes, and many aren't spending time discussing the implications of this condition with patients.

That was true for Elaine Hissam, 74, of Parkersburg, W.Va., who became alarmed last summer when she scored 5.8% on an A1C test. Hissam's mother developed diabetes in adulthood, and Hissam dreaded the possibility that would happen to her too.

At the time, Hissam was going to exercise classes five days a week and walking 4 to 6 miles daily as well. When her doctor advised "watch what you eat," Hissam cut out much of the sugar and carbohydrates in her diet and dropped 9 pounds. But when she had another A1C test at the start of this year, it had

dropped only slightly, to 5.6%.

"My doctor really didn't have much to say when I asked, 'Why wasn't there more of a change?'" Hissam said.

Experts I spoke with said fluctuations in test results are common, especially around the lower and upper ends of the prediabetes range. According to the CDC study, 2.8% of prediabetic seniors with A1C levels of 5.7% to 5.9% convert to diabetes each year.

Nancy Selvin, who learned last year that her A1C level had climbed to 6.3% from 5.9%, said she's been trying to lose 6 pounds without success since getting those test results. Her doctor has told Selvin not to worry but prescribed a statin to reduce the potential for cardiovascular complications, since prediabetes is associated with an elevated risk of heart disease.


That conforms with one of the conclusions of the Johns Hopkins prediabetes study last year.

"Taken as a whole, the current evidence suggests that cardiovascular disease and mortality should be the focus of disease prevention among older adults rather than prediabetes progression," the researchers wrote.

For her part, Libby Christianson, 63, of Sun City, Ariz., started walking more regularly and eating more protein after learning last summer that her A1C level was 5.7%.

"When my doctor said, 'You're prediabetic,' I was shocked because I've always thought of myself as being a very healthy person," she said.

"If prediabetes is a kick in the butt to move people to healthier behaviors, I'm fine with that," said Dr. Kenneth Lam, a geriatrician at the University of California-San Francisco. "But if you're older, certainly over age 75, and this is a new diagnosis, it's not something I would worry about. I'm pretty sure that diabetes isn't going to matter in your lifetime."



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