

# Busting myths and aging well

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In this age of misinformation, it's often difficult to parse out what's real and what's not in the world of personal health. Television is rife with commercials selling the latest supplement, and social media is full of charlatans making endless claims. Below, I've answered some of the most common questions I hear as a physician.

**1. "I'm healthy, with no serious diseases, so can I skip my annual physical?"**

A: No, and this is even more important the older you are. Even if you feel healthy, keep that appointment on the calendar to ensure your medications are in order, doses are correct and you can even ask if it's possible to lower your copay. It's also a good idea to get annual blood work to track your cholesterol, blood pressure, thyroid and other indicators of health.

**2. "I'm losing my memory but that's normal for people in their 70s, right?"**

A: False—sort of. According to the Alzheimer's Society, approximately 40% of people will have some form of memory loss after age 65. But even if we experience memory loss, chances are that it is more mild, and it is still unlikely to be dementia. The Cleveland Clinic has

a helpful list of questions to see if memory loss you experience is minor or something more serious.

**3. "If I eat really well. I don't have to worry as much about exercising, right?"**

A: Incorrect! Also, no one has to run marathons or lift heavy weights to gain benefit from exercise. Walking 30 minutes a day (even 10 minutes three times per day) can make a big impact on your health. Increasing physical activity such as walking to get your mail, or around the block, can add up if done regularly. Talk to your doctor about what exercise is safe for you. Also, exercise assists with balance, bone health and flexibility—all beneficial in reducing risk and injuries of falls.

**4. "I don't need sunscreen. I don't live in a very sunny place and besides, I have darker skin."**

A: Absolutely not. In fact, seniors have more sensitive skin, and it can often be extra thin from taking blood thinners or other medications. A minimum of SPF 30 should be worn every day. The best sunscreen is the one you'll use, so find a formula that you like and make it a habit. Often people think only fair-skinned people who burn need sunscreen, but that's false as well. According to the Skin Cancer Foundation, people of color are typically diagnosed later, when it is harder to treat.

**5. "My blood pressure meds worked so well that my blood pressure is down, so I stopped taking them."**

A: This is one of the most dangerous myths and very common. Research has shown that roughly half of patients don't take their medication as directed. This can be extremely detrimental to your health. Make sure to speak to your doctor if costs, side effects, or any other concerns are becoming obstacles to taking your prescribed medications.

**6. True or false: BMI and weight are the best indicators of health.**

A: It's a bit more nuanced than that. While being severely overweight certainly raises risk for heart disease, on the flip side, some people are what we call "skinny fat," meaning they often have high blood pressure, heart disease, or any number of other health issues that they mistakenly think only occur when someone is overweight. This is another reason why it's so important to keep up your wellness visits to your doctor since weight is only one part of the overall picture.

**7. "I've been smoking since my teens and I'm in my 50s, so isn't the damage already done?"**

A: It's never too late to quit smoking. We start to see health improving, believe it or not, within 24 hours after someone quits. According to The American Lung Association, 20 minutes after quitting,



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your heart rate drops to a normal level, and within 24 hours after quitting, the risk of heart attack is significantly reduced. Also, vaping is not a healthier alternative. Data shows links to chronic lung disease and asthma, and associations between dual use of e-cigarettes and smoking with cardiovascular disease.

**8. "We all have issues with our hearing as we age. I guess I'm just stuck with the hearing aid I've had since 2016."**

A: This is absolutely not true, and it's important to note that lack of hearing increases isolation. Make sure to get your hearing checked as often as you get your annual eye exams. In addition, Medicare covers hearing exams and in some circumstances may cover hearing aids, so talk to your doctor and make sure to explore the newest ones available, instead of relying on one from years ago.

**Sources:**

- Alzheimer's Association: [tinyurl.com/nhf4z53u](https://tinyurl.com/nhf4z53u)
- Cleveland Clinic Dementia resource: [tinyurl.com/clevelandclinicdementia](https://tinyurl.com/clevelandclinicdementia)
- Skin Cancer Foundation: [tinyurl.com/4vtv6kjj](https://tinyurl.com/4vtv6kjj)
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- American Lung Association: [tinyurl.com/nhdxbxtu](https://tinyurl.com/nhdxbxtu)
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