AN INSIDE LOOK AT.....

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<td>Diagnose-a-tude</td>
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CITY OF PITTSFIELD, MA
You’ve Got ...

Senior Spirit

COUNCIL ON AGING, Inc.
PITTSFIELD SENIOR CENTER
330 NORTH STREET
PITTSFIELD, MA  01201
413-499-9346  Fax # 413-442-8531

PITTSFIELD ACTIVITIES

- AARP tax preparation
- Are You OK? wake-up program
- Berkshire Writers Room
- Bingo
- Bowling
- Breakfast Club
- Brown Bag
- Card Games, Bridge, Pitch
- Ceramics
- Chair Caning
- Coffee Shop
- Comedy Workshop!
- Community Outreach
- Computer Workshop
- Exercise Classes-Osteo
- Foot Clinic
- From Stage to Screen
- Gift Shop
- “Hand and Foot” card game
- Health Education Workshops
- Income Tax Preparation
- Information/Referrals
- Knitting and Crochet
- “Legal Education”
- Line Dancing
- Lunch Served Daily
- Mah Jongg
- Molari Blood Pressure Visits
- Monthly Movie
- Poetry
- Pool Tables
- Quality Time Club
- Quilting
- Seasonal Celebrations
- Scrapbooking & Card Making
- Scrabble
- Shake Your Soul dance-exercise
- SHINE Medicare Counseling
- Supportive Day Program
- Tai Chi, Tai Chi w/ weights
- Transportation
- Traveling Friends
- TRIAD
- Volunteer Opportunities
- Woodcarving Woodworking

Froiovision!

Piercingly Socializing!
High-Tech Ways to Stay Healthy

From smartphone apps to virtual doctors, technology has opened up a whole new world of medical options. What helps? What hurts? We help you sort it out.

There was a time when using technology to deal with health issues meant Googling your symptoms. Today, a host of new high-tech tools — including videoconferencing, electronic disease monitoring, even virtual diagnosis — is changing the way we use health care.

"New technologies allow more patients access to physicians and specialists, strengthen the doctor-patient relationship and allow you to obtain on-demand treatment. It breaks down barriers to care," says Thomas Hale, M.D., executive medical director of Mercy Virtual, which helps health care organizations use technology to improve care.

Here are nine high-tech options that may change your health for the better.

1. Health apps

Best for: Chronic conditions, medication management

How they work: Twenty percent of smartphone users rely on health care apps. And with thousands out there, you may have downloaded one or more to remind yourself to take medication, record vital signs such as blood sugar or blood pressure, or collect information on symptoms like mood changes. Preliminary research shows that certain apps, like those that track migraines or manage chronic pain conditions, can help ease symptoms.

Examples: MedCoach, Fooducate, OnTrack Diabetes

Beware: "Apps are the wild, wild west of medical devices," says Steven Steinhubl, M.D., director of the Digital Medicine Program at Scripps Health in San Diego. "You don't know if they do what they say they do." For instance, a review of four apps in JAMA Dermatology found that three of them misdiagnosed melanoma (a potentially deadly form of skin care) at least one-third of the time. Ask your doctor to vet any apps that you want to use.

2. Electronic medical portals

Best for: Keeping track of your care

How they work: Log in to your provider's medical portal online to view lab and test results, manage appointments, collect electronic medical records, refill prescriptions, even communicate with your physician. Not only are more doctors using these portals, but there is growing evidence that they actually help patients manage care — particularly patients who are dealing with multiple conditions or who are undergoing rounds of treatments and tests. In one study published in the Journal of Oncology Practice, cancer patients at the University of Texas Southwestern Medical Center logged into the electronic medical portal MyChart an average of 109 times over five years. Portals centralize communication in an easy-to-access way, explains Simon Craddock Lee, senior author of the study.

Examples: Patient Fusion (patientfusion.com), MyChart

Beware: To the untrained eye, test results could cause confusion and anxiety, so it's important to communicate clearly with your doctor about any concerns you have, Lee says.

Turn Down the Volume

Many of us might not like to admit that we are constantly turning up the TV volume. However, over a lifetime of listening, our hearing begins to deteriorate. As we age, the tiny hairs in our inner ears that pick up sound vibrations begin to break down. The louder the noise, the more violent the assault on these hair cells and the more severe the degradation. On May 31, turn down the television, radio, or headphones playing music from your smartphone—it is Save Your Hearing Day.

How loud is too loud? The World Health Organization suggests that a person could listen to music played at 80 decibels all day without negative effect. However, when that level is over 85 decibels, which is roughly equivalent to the beep of a microwave, the noise should be limited to less than an hour. When volume is cranked up to 105 decibels, or the sound of a chainsaw, it should be limited to only four minutes. So on a positive note, you can still listen to your favorite music or TV program at very loud levels, but you should do so for only a few minutes at a time.

Experts think that one of the best ways to save our hearing is to protect our ears. Professions that require the use of loud equipment often require the use of earplugs or earmuffs. The same advice applies to those engaging in loud recreational activities such as riding a motorcycle or hunting. For those who find themselves in loud places such as an airplane or crowded train, noise-cancelling headphones often help make the loud environment more comfortable and tolerable.

It turns out that the best medicine for our ears is to give them a rest. It is recommended that it takes 16 hours of quiet rest to counter two hours of 100-decibel sound, such as a rock concert. Perhaps the best way to celebrate Save Your Hearing Day is to just hit the mute button.

Activity Connection, May 2016

Continued on insert page
Advice for Couples Who Stagger Retirement

Planning can be tricky if one opts out of the workforce before the other

Rosalie Tyrrell, 69, didn't want to retire. Ever. An administrator at Boston's Massachusetts General Hospital for 33 years, Tyrrell was a self-described workaholic. "I loved what I did and the people I worked with," she says. "Retire? Who would I be without my professional identity?"

Her attitude baffled her husband, Luis Puccio, now 57. In 2008, when his consulting contract — with the computer software company he'd formerly owned — expired, Puccio was abruptly thrust into retirement. For the next few years, Puccio worked odd jobs but felt adrift and ready for a change. "For me, it was obvious," says Puccio. "Even Rosalie's financial guy said we'd saved enough. Why does she insist on getting up at 5 a.m. for a 90-minute commute when we could be renting a condo in Florida?"

He didn't hide his feelings. "Lou called me at work and pestered me about coming home early or taking Fridays off," Tyrrell recalls. "I had a career, and I didn't want to leave it."

Tyrrell and Puccio could be the poster children for Out-of-Sync Retirement Syndrome: As 76 million boomers march toward what was once a generally agreed-upon "retirement age," many are poorly prepared for the conflicts unleashed when one partner retires and the other continues to toil. "Retirement can magnify preexisting problems in a marriage," says social historian Stephanie Coontz. "The decision to stop work forces you to reevaluate what you both want — and you may discover the gaps are wider than either of you thought."

Research shows that marital stress increases during the initial two years of retirement, especially when the husband retires first. "Jobs, like kids, can be buffers in a relationship," Coontz says. "Once the structure of work is gone, unresolved issues rise to the surface."

Boomers in particular may struggle with this transition. "In the past, most couples took it for granted that when one of them retired, the other would, too — and they usually faced only the husband's retirement," says sociologist Phyllis Moen, author of Encore Adulthood: Boomers on the Edge of Risk, Renewal, and Purpose. "Two-career boomers are the first generation that has had to deal with his-and-her retirements."

Indeed, fewer than 20 percent of all couples quit working in the same year. And a recent study found that 38 percent of retired couples disagree on the lifestyle they want to lead.

HOV lane for her, off-ramp for him

Complicating the picture is the fact that many 50+ women in the workforce opted for the "mommy track," putting their careers on hold while they raised their families. Then, when their nests emptied, they reentered the workforce with renewed ambition. Today, more than 25 percent of women ages 65 to 69, and 15.5 percent of women ages 70 to 74, are employed full time. (The figures for men are 33 percent and 24 percent.) Not only do they enjoy the regular paycheck, they also don't want to lose the intellectual stimulation and social life a job often provides.

"While husbands may be thinking about volunteering, traveling or having more time as a couple," notes Dorian Mintzer, coauthor of The Couple's Retirement Puzzle, "their wives may be hitting their stride at work. Both spouses are in transition, but they're traveling different roads."

Money, money, money

More couples might unplug in tandem if their economic views didn't clash. "Even in the best relationships," Mintzer says, "money can stir up intense feelings that complicate the retirement decision." Men and women whose self-esteem hinges on their income may suddenly feel worthless or scared when that paycheck disappears. "What will happen to us the next time the stock market goes crazy?" wonders Tyrrell. "Every day there's another scary headline about boomers outliving their savings."

A 72-year-old Massachusetts engineer, who asked not to be named, says he and his wife have "been wrestling with this issue forever. I'm not worried, but my wife — a teacher who's thinking about [retiring] — routinely panics." He retired seven years ago and still can't persuade her to look closely at their cash flow. "Every so often she'll 'bungee' into the conversation, but she'd feel a lot better — and we'd argue a lot less — if she had the complete picture."

As difficult as it may be to stumble into misaligned retirements, it's even harder to have retirement shoved down your throat. "It's painful to be let go at any age," says sociologist Moen, who has studied gender and retirement since 1985. "But when you're 60+, [it's] hard to find another full-time job in your field that pays close to what your previous job paid."

That's what happened two years ago to a 62-year-old product developer who'd put in 32 years at Xerox Corp. in upstate New York. "The company had recently announced another round of layoffs," explains the employee, who asked not to be named to protect his privacy. "But somehow you still never think it will be you. When my manager gave me 20 minutes to pack up my things and leave the building, I felt sucker punched."

Continued on insert page
Senior Spirit Editor: Joseph Major

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Rico Spagnuolo

City Councilman Kevin Morandi is available for informal Q & A.
Monday, May 9th & May 23rd
10:00

Froio Surf Club
Tues & Weds at 10 & 11
Take a byte!

Nauset

By Victoria Passier
Senior Center Poetry Group

Biking Nauset,
on a salt marsh trail,
past cedar, bayberry, beach plum.
Heavy, summer patchouli,
baking, tasting sweet and sour.
The trail glides past a wooden bridge overflowing with salt spray rose,
initialed with weather ruts,
peat moss and lichen, weeping needles of pitch pine,
pulled to the natural conclusion of
Coast Guard Beach
where an arch of Atlantic rises.
Nauset Light on guard down the strand,
the lines of its artifacts once again sifted clean,
like a map resurfacing in the changing sands of time,
uncovering layers of civilization
in its sparkling sea glass and polished stone.
Unsparing Examination by a Young Doctor
Questioning many medical concepts while admittedly thrashing about for answers.

Medicine is full of young recruits writing veterans’ books, war stories full of hopes and fears for the next in line. As in the military, a couple of years’ service provides fodder for a thick volume, a decade enough material for a boxed set.

Out of medical school for just 12 years, Dr. Abraham M. Nussbaum has joined the ranks of physicians who write their memoirs even as they are paying off their student loans. These young people write to complain, to explain, to reflect, to crack jokes. A few feel destined for new and better careers in literature.

None in recent memory has wielded a set of intellectual and writerly tools to such dazzling and instructive effect as Dr. Nussbaum’s “The Finest Traditions of My Calling: One Physician’s Search for the Renewal of Medicine.”

Trained as a psychiatrist in North Carolina, Dr. Nussbaum now directs an inpatient psychiatric ward in Denver, where he meets the mentally ailing of a large portion of the West. Some show up straight from the local Greyhound station, troubled souls from places without mental health resources.

Dr. Nussbaum contemplates his charges with a perspective composed of roughly equal parts philosopher, theologian, scientist and comic, musing at length on exactly how he is supposed to make them better.

A retired nurse cycles between depression that keeps her firmly in bed and mania that sends her hurtling gleefully down the locked ward to give Dr. Nussbaum their special secret buddy handshake: “It’s the Nussbaum sandshaker,” she hollers, “the Nussnutt landrake, the Fussbutt bandlake, the Cussbutt taketake!”

Another patient reports that she has fled New Mexico to escape “vampire dealers selling me poisoned shards.” She is addicted to methamphetamine, but whether that has precipitated her psychosis or resulted from it is unclear.

She herself sees little problem: “I do fine,” she tells Dr. Nussbaum. “I mean, sometimes I have to hide behind the dresser to keep calm. I stay there a few days. It’s O.K. I get hungry? My husband will chuck a burrito over the dresser. No problema.”

Another patient stands silently in the center of the hospital’s cardiac catheterization laboratory, arms held stiffly behind her like a human rocket. An older woman, she is about to undergo a catheterization when she suddenly realizes that it is time for her to head back to her home planet, and positions herself accordingly.

Great stories all, and a less ambitious writer would have contended himself with the details. But Dr. Nussbaum steers his narrative directly to the hard questions about 21st-century medicine, a profession just about as variously troubled as his patients.

Call him a medical millennial questioning a past that seems barely relevant to his present. None of the usual medical heroes apply. Even the enduring William Osler, who started the hospital residency system at the turn of the 20th century and is routinely worshiped as a medical saint, comes up short. Osler was all about the physical evidence of illness, and Dr. Nussbaum faults him for seeing the body primarily as a collection of diseased parts, “a decidedly incomplete view.”

Few of Osler’s heirs strike Dr. Nussbaum as free of their own shortcomings.

He notes that partisans of today’s much promoted evidence-based medicine must determinedly finesse the fact that medicine is riddled with flawed, incomplete evidence. The leaders of genomic revolution trumpet a future that keeps being postponed. Quality-control gurus abound, but their work often fails to yield actual quality.

And those who would update and streamline medical routines offer up paradigms Dr. Nussbaum finds simply bizarre. He points to Atul Gawande, the Harvard surgeon and health policy writer who in a New Yorker article lauded the ability of large chain restaurants like the Cheesecake Factory to serve a uniform, reproducible product thousands of times over. Dr. Gawande charged medicine to do likewise, but that image of the physician as a line cook feeding faceless strangers does not inspire Dr. Nussbaum.

Still, if a doctor is to be neither parts mechanic nor line cook, then what? Dr. Nussbaum considers some alternatives.

Perhaps, he muses, doctors should emulate ballroom dancers, gently leading patients in a series of measured classic routines. Or perhaps they should model themselves on gardeners, as proposed by Dr. Victoria Sweet and others who urge modern medicine to nourish patients’ innate vital force rather than simply replace their parts.

Or perhaps the contemporary doctor is best considered a breed of personal trainer, teaching the health equivalent of the pull-up.

Or perhaps the doctor should be a servant — but what kind of servant? A servant in the ancient religious sense, binding up the feet of the suffering? A servant in a somewhat lesser sense, charged with supplying patients with commodities they may not even know they want? Or a

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<td>Line Dancing, Advanced Osteo</td>
<td>9:00</td>
<td>Beginner Osteo, Ceramics</td>
<td>9:00 Pitch, Knitting</td>
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<td>9:30</td>
<td>Bowling</td>
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<td>10:00 Councilwoman Rivers</td>
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<td>Poetry</td>
<td>10:00 Woodworking, Beginner Osteo</td>
<td>10:30 Flexible Feet mats &amp; blankets</td>
<td>10:30 Comedy Workshop</td>
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<td>10:15</td>
<td>“Shake Your Soul”</td>
<td>10:30 Oh Hell!</td>
<td>11:30 Mothers’ Day @ Meal Site</td>
<td>12:30 Quilting, Woodcarving</td>
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<td>11:00</td>
<td>Ladies Pool</td>
<td>10:30 Tai Chi</td>
<td>12:30 Chair Caning</td>
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<td>Scrabble</td>
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<td>1:00</td>
<td>Mah Jong, Hand &amp; Foot!</td>
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<td>8:30</td>
<td>Foot Clinic (by appt)</td>
<td>1:35 Yoga</td>
<td>1:00 Croquet Variety Show!</td>
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**Senior Center CLOSED Memorial Day**

**May**

**Meal Site Daily At 11:30 Reserve Day Ahead! (by 11:30 a.m.)**

**445-6550**