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LIVE INTERNET TALK RADIO

How to Manage Setbacks as We Grow Older

Guest Presenter, Dr. Hugh Pates

TRANSCRIPT OF ORIGINAL BROADCAST ON JUNE 28, 2019

Millions of people are living better. They are enjoying a healthier lifestyle, learning more about overcoming obstacles; and keeping a positive outlook. Now, you can be a member of the club. This is the Living to 100 Club with Dr. Joe Casciani. Our guests share incredible stories and advice, bring new outlooks on wellness and show you how to keep moving forward. Now, here is your host, Dr. Joe Casciani.

Dr. Joe: Good afternoon, and happy Friday to everyone. Welcome to the first talk radio show of the Living to 100 Club. Today's episode is on managing setbacks as we grow older. I'm Dr. Joe Casciani, show host, psychologist, and strong believer in our will to live to 100 years. You can contact me on my website www.livingto100.club or by email at info@livingto100.club.

Before we start, I want to say to our listeners that we'll be taking questions as long as time allows. You can call in your question to 8 6 6 4 7 2 5 7 9 2 or send your question by email to info@livingto100.club.

Our guest today is Dr. Hugh Pates. Dr. Pates received his doctorate degree in 1970. He served as professor and dean of students at the University of California for 25 years. He's also served as president of the San Diego Psychological Association, the University City Community Association, the University of California Retirees Association, and is a board member of the California Psychological Association. For the past 20 years, Dr.

Pates has been an associate of the CoHealth Psychology Group, committed to serving the behavioral health needs of patients in skilled nursing facilities. His articles on providing psychological interventions to meet the emotional and personal needs of seniors have been published in a variety of magazines and journals. He has a passionate belief that each individual can live a very long life, with vibrant quality and strong purposefulness to the end of life.

Welcome, Hugh, it's great to have you with us today for our inaugural episode.

Dr. Pates: I am most pleased to have this special opportunity on this inaugural program. It's been such a delight and so rewarding to have had the privilege of working with you and CoHealth, for the past 20 years, serving the needs of an aging population. And I think that we have done that quite well and it has been certainly a very positive experience for both of us to have this opportunity.

Dr. Joe: It has been a very rewarding experience. Let's take a quick look at your current role as a psychologist. Of course, psychologists work in many different settings. You work with patients in nursing homes; for our listeners, what's this like?

Dr. Pates: Well, first of all, I want to say that I, fortunately, have reached the ripe young age or old age of 84 so I am very familiar with the aging process up to this time. And I have a strong belief that if I'm able to take care of myself in a way that I preach to others that I will reach that magical number of 100. That's why I am, hopefully, one of the initial members of reaching a hundred Club.

Dr. Joe: You are.

Dr. Pates: I was always interested in working in skilled nursing facilities. When I was a younger psychologist, my parents had the opportunity to live in a skilled nursing facility and at that time, my mother was beginning to develop Alzheimer's. And one of the difficulties with Alzheimer's is that there is a moment of anger and frustration and periodically, she would go down to the Head Nurse and complain about my dad saying, "Can you get this crabby old man out of my room?"

And at that time, I thought, looking around the patients there, that if I ever had the opportunity in life to be able to be of some type of service to them, to improve both the quality and the longevity of their lives, I would love to do that. And fortunately, you came into my life and created the opportunity for me to begin the visiting skilled nursing facilities and being able to find opportunities to serve people who are otherwise neglected, who are lonely or depressed, discouraged. And using some of our psychological principles and in cooperation with the medical staff at the Skilled Nursing Facility, I think we've been able to make a significant difference for both the patients and the facility. So that's primarily my interest in that 84, I am there once a week and thoroughly enjoy the experience.

Dr. Joe: Well, we all come to this work from different perspectives. So, we're here to talk about setbacks. Today's title of the show is How to Manage Setbacks as We Grow Older. Of course, setbacks can occur at all ages, nothing unique about older adults having setbacks. It happens for children and teens and adults as well. But let's talk about what you see is some of the unpleasant events that occur as we get older.

Dr. Pates: The idea that comes to me immediately, Joe, is loss of health, particularly starting with the eyes. For instance, a while ago, personally, I found myself having some difficulty driving at night with the glare coming at me and made me a little bit nervous and a little bit anxious to be on the road.

However, being as determined and as stubborn as I was, I did not give up that particular experience. However, there are individuals, as they grow older, that unfortunately because of losing their eyesight, they need to give up that independence and become reliant on others to be able to move them from one place to another and I believe that is a significant loss. Fortunately, last month, I had cataract surgery so now I feel I am no longer a danger on the highway at night.

I think also loss of hearing is just a very difficult process to accept. And I know that several of my friends have gone through the process of diminishing hearing ability and many of them refused to accept the fact that they are losing their hearing and be forced to say, "Hey" or "Could you say that again" or "Talk a little louder". And

oftentimes, that's a frustrating experience for the individuals with whom they are interacting and a very disappointing experience for the person that is listening.

I had a very good friend, Bob, I will call him, and he started using hearing aids but one of the difficulties was when he took them out, he lost them. Hence, after a while he had difficulty with his memory as well as with his hearing and it was a very difficult burden for him to be able to carry losing his hearing ability and in some way, he felt his dignity as a man and as a human being.

I think the other loss of health comes with an illness that is very much associated with aging and that is Alzheimer's.

I had the unfortunate experience of having the two special women in my life, my mother and my wife, both become afflicted with this particular illness. It made it difficult because my mom began to lose recognition of those that she loved and cared for. I remember one time going to visit her in a skilled nursing facility with my son Andrew. We walked into her room and she had been sitting in a rocker and she jumped up and she went over to my son, threw her arms around him and said, "Oh Andy, I am so happy to see you." And then she whispered in his ear, "Who's this stranger you brought with you?" And for him, that was a special moment because his grandmother recognized him but did not recognize her own son.

And with the difficulty of watching my wife began to degenerate into a space that neither one of us was able to reach and finally passing away because of the fact she forgot to breathe. Both of those situations were, for me, very difficult to handle. And I think as individuals grow older, both for those that become afflicted with Alzheimer's and those that are caregivers, there is truly a significant unwanted experience in life. So those are the areas that I am aware of, Joe, that I am particularly aware of setbacks or unwanted events as we grow older.

Dr. Joe: Sure. Yes, thanks, Hugh. The sensory decline, of course, is affecting so many individuals and it's hard to be spared that kind of decline. What I hope to get into more is how we can adapt to these changes or how to reframe these changes, certainly, the cognitive loss that comes with Dementia or Alzheimer's disease as your mother

experienced and as, Mary, your wife, experienced. That's so difficult to reframe, but sometimes it's up to the family members, I think, to try to have a kind of a different interpretation of these declines. I'd like to get into more of what you perceive as how people adapt successfully to these changes and losses and how people do not adapt so well. And maybe after the break, we'll get a chance to talk about some specific examples. Because to my mind, we're always going to be facing these changes and the areas that decline and the big question to me and how to age successfully is how to frame this change in a positive way and not be weighed down by it.

So, it looks like it's time to take a short break. This is Joe Casciani and my guest is Dr. Hugh Pates. You're listening to The Living to 100 Club on The Voice America Health and Wellness Channel. Stay tuned, we have much more ahead.

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Dr. Joe: All right, we're back. Okay, Hugh, let's pick up where we left off. You see a lot of individuals in these skilled nursing facilities and I think a lot of them, probably more or less, can adapt to some of these changes and others don't do so well. They don't cope very well with some of the losses and functioning in their decline in their physical health. So, what are some of the examples that you've seen in people who are more or less adapting, we'll say, positively to these losses? Give us a few examples if you could.

Dr. Pates: Well, I think I'll do that. I'm just thinking about an example of myself and those are the experiences, of course, that are most close to me and meaningful to me and some of the experiences that I found that I struggle to overcome as a psychologist, just using my own principles that I know of and principles I use with others. The two most serious difficulties or problems I had to overcome was the death of my first grandson. He only lived 58 hours and I had the opportunity to be with him for about 50 of those hours. He had been misdiagnosed and the treatment that they were giving him for what they thought was pneumonia was inappropriate. And by the time they found out that he had hepatitis B, he was on his way out. And for me, that was very, very

difficult because I had been looking forward, of course, like most people do, to having a grandson. And so, I spent some time walking on the beach, nurturing myself and feeling sorry for myself. And the thought came to me, well, what's wrong? You just can't do this for the rest of your life. You just can't be down in the dumps.

So, what do you do with your own personal ideas that you have from psychology? So, the two things that I found very helpful and useful for myself, were being able to focus and starting to spend more time with my own children, who at that time were adults. And also spending time with other kids like on a playground that we went to and would play games, so it was soothing my soul. So, I think that what was positive for me in that particular action was being able to become more active, to refocus my thoughts.

It wasn't that I ever was able to completely extricate myself from some of the sadness I felt. But what I felt was that of all the things that Austin, his name, would want to do would be alive and be involved; to be able to grow up and to be a healthy human being. So, I put energy into being able to work with kids, particularly, at our local playground and basketball activities. I also took over coaching for a little bit, to be able to work with kids that were playing softball, particularly girls.

So, in working with the patients at the Skilled Nursing Facility, what I find is that if they look back over their lives, there is a significant sense of, what should I have done differently? Those feelings of guilt, feelings of despondency about what they could have done or should have done with the times gone by. So, we talked about this process called mindfulness. And mindfulness primarily says, what can you do right now? Where is your power? Where is your strength? Where is your ability? What can you do right now for yourself to be able to create a life that is better for yourself? And if and when that happens, the likelihood of those around you will also be encouraged by your strength and optimism in life.

And I find that there are some patients who are able to respond to that quite well. Others, for some, would say, "Oh, that rings hollow to me. I don't like it when I sigh. I don't want to do anything. I can't do anything." So it takes a long time sometimes with some patients, as they are growing older and have felt neglected and feel lonely, feel

that the world has passed them by, to be able to encourage and work with them, to be able to reinstitute some of the sparks they had earlier in life. So, what we do is spend some time reminiscing and focusing on those events and experiences that they had at an earlier age in which they were successful.

The other day I had a lady who was very despondent and had a series of illnesses and I said, "Well, what was your greatest success in life?"

She said, "Well, my greatest success in life was being named the Businesswoman of the Year in Rapid City South Dakota."

And I said, "Well, that's terrific. Why don't you tell me a little bit more about how that happened and what type of experience that engendered for you?"

Well, suddenly her eyes lit up and she began to talk much more than she'd ever talked before. And so my hope is by going back and visiting with her, we will be able to focus on those times in life in which she was uplifted, in which she inspired others and hopefully be able to get some of that energy back and a greater will to live and move on, even in spite of her illnesses.

Dr. Joe: Sure. That's a great example. I know there's a book written by Robert Butler and he talked about the life review process and how helpful it is as we face our older years to look back and see our accomplishments, see our successes as a balance for some of the decline that we're going through today. But also, to kind of rekindle that straight and kind of resilience that we had at a younger age and it doesn't go away. In my opinion, it's always there, that determination. It just kind of gets covered up and blocked over, but that that tenacity is always there.

The other notion is as you talk about people who regret a lot of their past decisions and disappointments and failures and that kind of colors their view today and how they're faced with the new stresses. I always like to talk about how we can't change those events in our past, they're done. I mean, there's nothing we can do to change them. All we can change is our attitude about them or the way we interpret these events, how we explain them to ourselves. What kind of label do we give them today, that's similar to what you're talking about. That helping people kind of re-evaluate what

they did. You say, okay, at that time, it seemed like the right decision, but maybe now, looking back, it wasn't so great. So, helping people understand that they can't change it, but they can change their attitude about it.

It was interesting as you talked about your grandson and your interpretation of that event and how you dealt with it. I think that your notion of being more active and kind of almost, what we call, sublimating some of those feelings of sadness into some new energy and reaching out to this population to connect with, and I think that's a useful approach.

Dr. Pates: What I do find too is that with some of the patients that I visit within the nursing homes, basically the older patients...I have a lady, 96 years old, that is a patient and she would say, "You know, I'm just in the waiting room." I said, "In the waiting room for what?" She goes, "I'm in the waiting room for the train." I said, "What train are you waiting for?" She said, "The train to take me to the end of life and it hasn't been coming and I'm getting upset about it." And I said, "Well, let's talk about it for a few minutes. Where is the train coming from?"

So, we began to talk about interests that she had had in life with trains. She had lived relatively close in a small town, Waterloo, Michigan that the train would come by quite regularly and she'd listen to it in the evening. And so, I asked her if we could get on board and review some of the places she'd been on the train and some of the experiences she had, people she had visited with. And she was very articulate in being able to reminisce for a world, the woman is 96 whose memory is better than mine. It was a very enjoyable train and I think that when we got to the end I said, "Well, do you want to wait for the train or do you want to be able to make a few more experiences before the train comes?"

And she looked at me and said, "Well, let me think about that." I said, "Well, we'll talk about that next week." However, I do think that when an individual comes to a certain point in their life, 96, it seems to me that that's not an ending point. However, once an individual seems to make up their mind that there is this endpoint and it's 96 or whatever it is and that the train is coming, it's somewhat difficult to reorient the

thought that, how is it that you made the determination that this is how it's going to be and this is the end?

And it was interesting because she said, "Well, what happens to me is I feel somewhat useless now. I don't feel that I am making any contribution." And so, we started talking about the lady who was right beside her, no more than five or six feet away. And I said, "Is it ever possible for you to move the curtain and carry on a conversation with her? And maybe get her on board on your train so the two of you can enjoy this journey together while you're here in this room?"

And she smiled at me and said, "Well, I never thought about that." And I said, "Well, you think about that and I'll come back and we'll talk about it."

So I think oftentimes it is important to be able to help give more creative ideas to the individuals who, somehow or another, have made a mental determination that this is as far as they're going to go or this is as much as they want to do or this is the end of life and that's really okay.

Dr. Joe: Sure. What's magical about that number 96? It's time to take a quick break again. Sorry, Hugh, but we'll come back and we'll pick up with this train ride on our return. Again, you're listening to The Living to 100 Club on The Voice America Health and Wellness Channel. Stay tuned, we have much more.

[Musical Interlude]

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Dr. Joe: All right, we're back. Hugh, maybe we can get you to return for another show and tell us more about this train ride.

Dr. Pates: That's the ride I am on right now and I'm enjoying it so far.

Dr. Joe: Yeah good. Again, nothing magical about 96. I think at some point, we can get into a certain groove and we just keep going on irrespective of the age. So that's probably another conversation. So, let's touch on the whole topic of depression and maybe you can share some of your experiences. And we see a lot of older adults, especially in these settings, who become depressed. Their emotional condition is just marked by negative thinking and pessimism and "What's the use, I'm not going to be

normal again. I don't feel like getting out of bed. I don't feel like going to physical therapy." Challenging cases but tell us some of your experiences with this population.

Dr. Pates: Well, I think in my experience with individuals who are aging and getting a little bit older and they suffered losses of some kind or another, whether it be physical loss of health like we talked about or the loss of deaths of someone that's been very close to them or loss of friends who move away or moved into senior living situations. There seems to be a great sense of loneliness, that they are all alone in the world. Either they don't have a spouse or children are dispersed to other places in the country, or they just experienced the fact that no one seems to care and so that is a very depressing and discouraging experience. Unfortunately, what I find sometimes as individuals coping with this particular experience by the utilization of alcohol.

I had a neighbor next door that in her mid-80s, just felt that she had been abandoned in life and took up drinking pretty regularly so that she felt that that was one way to be able to get to go to sleep. So, what we talked about was there might be other ways to be able to deal with the sense of loneliness and one of the things I encouraged her to do and we encourage to do was to join the local church. In her youth, she had been a relatively devout Lutheran and had found consolation in the church and in singing in the choir. But while she was married for a long time, her husband was not that interested in religious affiliation or religious belief, so she had drifted away from that particular experience and had not taken it up again at any time.

And so, in order to medicate her own loneliness and her sense of depression and a sense of loss, she did turn to alcohol. And the other area that she turned to was just sitting in a chair and watching TV. And so, she said her best friends were those that she saw on TV and sometimes that was helpful and sometimes it was discouraging. So, I called the pastor up at the local Lutheran Church and asked if he would not mind coming by to visit with, her name was Mary, periodically and Mary said, "Sure if he wants to come, I'm open to that."

And they started talking and gradually, but surely, she started to get up out of her chair and got into her car on Sundays and went to the local church services on Sunday. And then they had other activities during the week. In the evening, they had

Bible study and they had a woman's group there that just talked about support for one another, all of them being widows in the group. And she started to attend that group and gradually, she left the alcohol behind and took on a new spirit and became very much more energetic about life. Like when she was younger, she was the only woman engineer at General Dynamics during the Second World War and so she had an abundance of energy at that time. And so, it came back and her life began to take on a new sense of purpose and a new sense of worthwhileness.

So, I do find that it is possible for individuals to make that transition out of the sense of depression and out of the sense of loneliness. But oftentimes, they need a helping hand; someone to reach out to them, reach over to them, give them a little jerk and said, "Come on. Let's go here. Let's do that." Though I think that relatives of those that see individual getting into a depressed mood if they can be somewhat creative and finding some type of activity or experience that either the depressed person had at one time or might be interested in now, even as simple as going shopping. I think that gradually they are able to leave the depression behind and get a sense of connectedness that creates a sense of purposefulness in life.

Dr. Joe: Sure. Yeah. I think it's what we call behavioral activation in some ways that rather than wait until the depression lifts before we start things, we start things and then the depression lifts.

It's like start doing instead of thinking or dwelling or being preoccupied. So the whole notion of being creative and helping the person to find some new ways to bring enjoyment, I think that's really important because as you say getting out of that depressed mood and being around others, and we stop feeling so alone, we stop feeling so disconnected. And I think it's the notion of being active and getting out of our head.

So, I talk to patients all the time. I said, "You've got to get out of your head. You're spending all your time thinking about things. Let's get up and get to activities. Let's get to socializing and spending time outside of your room."

So, a lot of that is just rather than waiting...as I said, we're waiting till the depression lifts. We actually engage in the behaviors and then we find that the depression lifts after we start the doing.

Dr. Pates: Yes, I think that's true. And I will, as you and I oftentimes run into with older patients at the Skilled Nursing Facility, you will give them that type of encouragement that you just gave them and they will say something like, "I can't do that. I'm too tired."

I say, "So well, you're too tired." And oftentimes laughing say, "What can you do?"

And they kind of look at me with a blank stare, "What do you mean, 'what can I do?'"

I said, "Well, let's do this."

So sometimes I'll have them just move to the side of the bed and sit on the side of the bed, which they won't do, and I said, "Can you lift your hands over your head?"

"Can I do what?"

'Lift your hands over your head?"

"A little bit."

And so, I think what I try to do is get them to do some type of what seems like very meaningless or very small physical activity. But I do find that once they start to move in some way physically, I say, "Well, you can do that. Look at look what you're doing. You told me you can't do that. Now, look at you. You're just doing fine. Now, can you stand up?"

"I don't know, my legs."

So, we'll hold her hand and have them...so it's just a little bit and it seems to be very gradual. But I think what makes a difference, Joe, is that you and I are there in showing an interest in them that we actually are invested in them being able to make progress, invested in increasing equality of life, increasing the opportunity to use what they can do in their thinking and in the physical processes. And oftentimes I believe that that's the key.

So, if we can help the people in the Skilled Nursing Facility, like we do, to be of assistance and be of more interest to the patients, it makes a big difference in erasing those feelings of loneliness and depression. I think that's been my experience.

Dr. Joe: Yeah. Yeah, I would agree. And there are thousands, maybe tens of thousands of mental health professionals working with this population in long-term care and surely, the way this Specialty can approach the individuals and help them kind of take another look at what they can do and stop focusing on what they can no longer do. Let's shift the focus to what we still have, what I call, kind of residuals strengths. We have a lot of weaknesses that come along but there's still things that we can do.

So, let's find those things and make sure we still capitalize on them, so they don't get tired and rusty. So that's important. And a lot of it is also making sure that the caregivers understand that it takes a lot of effort to try to mobilize their patients and mobilize their energies. Because it's easy to just kind of let the person stay lying in bed when it takes a lot of work to get them out of bed and bring them to some activity. So, it's a difficult job, as you know. It looks like we're having a good conversation here, a lot of useful ideas and useful insights. Looks like it's time to take another break.

This is Joe Casciani and again, my guest is Dr. Hugh Pates. You're listening to the Living to 100 Club on Voice America Health and Wellness Channel. Stay tuned, we'll be back in a couple of minutes. Thanks.

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Dr. Joe: Okay, we're back. Hugh, I also wanted to ask you one of the very difficult cases with this population in nursing homes, but I think nothing unique to nursing homes. But as older adults face this physical decline, there's a lot of pain that comes into the picture and it becomes very, very onerous, very debilitating for the individuals. Can you talk a little bit about this issue of pain with your patients?

Dr. Pates: Yes. What I found when I first started working in the Skilled Nursing Facility, is that often times in the corridors where the patients were living that they would be lined up near, what we would call, a drug cart, medicine cart. And I always wondered what that was about at first. And what it was about primarily is that like people coming for meals they started lining up sometimes especially the homeless

downtown when mealtime is coming, they were lined up because every four hours they would receive their pain medication. And it seemed like they could hardly wait for the four-hour bell to ring to be able to ingest all that pain medication and get, at least from their perspective, some momentary relief.

So, in talking with them and I've done some thinking about it with my own personal pain having had Arthritis as a part of the aging process, that makes sometimes movement at the beginning somewhat difficult. So, we began talking...just recently, I had the opportunity to go to a lecture on autoimmune illness and it was there that they talked about the pain and managing pain due to autoimmune illness. And one of the women that was there, just a young woman, 42 years old, who had been debilitated by pain and went through all the ways of getting rid of pain, she became an alcoholic. She pursued doctors all over the country. She took every type of medication that you knew was possible. And at one time she was a triathlete and a very successful triathlete and then she went into a deep depression because of the pain and her inability to get rid of it. And now she's a race car driver, the only female to win a significant race car driving. And what she said about her pain was and that's what I've been thinking about with my patients is in some ways they allow the pain to control them.

So, their thoughts and their physical orientation and their meaningfulness in life are oriented about getting rid of the pain. Instead of them controlling the pain and say, "I've got the pain, so what? How much am I going to let it interfere with my life? How much am I going to let it debilitate me? How much am I going to let it hold me back from enjoying the various activities and experiences in life?" It's like you said just a little bit ago, oftentimes it's that mental attitude. It's the 'I can do it. I'm going to do it, and I will do it.'

And oftentimes I have found that when patients make that determination, they are able to live a more vibrant and a more vigorous and a more enjoyable life. And I think that that's what I encourage my patients to do; to do the exercises, to get up and make the movement just like myself sometimes, "Come on, old man."

It really does have an impact on how we live. There's old George, 88-year-old George. He's been through significant experiences in life, particularly with the military. And

George always complains, "Oh, I am just so upset. So depressed. I am just all washed up. I'm done."

And I said, "George, can you see George?"

"Yeah."

"Can you see me?"

"Yeah."

"Now, George, can you hear me?"

"Yeah."

I said, "God, you're an old man, you can still hear very well. George, can you get up?"

"Yeah."

"You know what George? You know how many people your age cannot see, how many cannot hear, cannot walk? Look at you. Look what you can do. Let's enjoy life."

He looked at me for a few minutes, "Oh, all right."

But I think that he really hadn't thought of actually the benefits he had, he was more focused on what he didn't have, couldn't do rather than what he did have and what he could do and how he could manage his life and how he could make it more important and have a better quality of life rather than just waiting for that four hour bell to ring.

Dr. Joe: That's so true that we find it so easy to focus on our losses and we lose sight of like I called the residual strength things that we still can do. I know I've talked with a number of patients that I agree with what this person said about the pain, and kind of try to take ownership of the body.

And I said, well, we can't separate the mind and body but the more I work with this population, the more I understand that the mind is so powerful that we can take charge.

We do have a say over our body functions that I say, a lot of patients with stroke or the amputations like, Your body is not cooperating but you're still in charge, right? You're still in a driver seat. I call them the captain of the ship. You're still in charge and it helps to give them some sense of control, even though they're not functioning the way they used to when they were healthy 25-year-olds or fifty-year-olds. But they can still see that they have some say over their world and they're not just passive and victims over what's going on.

Dr. Pates: Yeah. I think that the word that you use was very good, victim. When I was at the University, there was a physician there by the name of Dr. Steinberg. He was one of the early on individuals who treated pain from a variety of perspectives in the Scripps Hospital in La Jolla California. And I had the privilege of being able to be with him in a small seminar where he was talking about his work and talking about his experiences. And he said you know what happens oftentimes, he said we have patients come in and we work with them the best way we can. We give the medication. We give them exercises. We give them ways to be able to handle things themselves. And finally, we find out that whatever we have done is not going to touch the pain completely; they're going to have pain. So what I have told them is you're going to have the pain and you're going to go home or back to wherever you live and you can allow the pain to mitigate your life, hold your life back as much as you want or you can just say I've got it and I'm going on no matter what it is.

And he said it's amazing how often people will write back to them and say, you know, I'm not hurting quite as much as when I was there.

Dr. Joe: Well, that's a great note to end on. I'm sorry to say we're out of time; we could have gone on and on but that was a great discussion, Hugh and thanks for being our guest and sharing your insights and experience with us. Hugh can be contacted at Hughpates@yahoo.com if anyone has any comments or questions for Dr. Pates.

And a special thanks to all of our listeners for being a part of today's show. When you have a few minutes, please visit the Living to 100 Club website and be sure to sign up for our email list to reserve newsletters and announcements. I'm your host. Dr. Joe Casciani and you've been listening to the Living to 100 Club.

Be sure to join us next week for our show with Joaquin Anguera, a gerontologist. We'll be talking about celebrating aging with a positive perspective. And a closing thought from one of our famous statesman's and philosophers Yogi Berra: "Always go to other people's funerals. Otherwise, they won't come to yours."

So, with that, we say goodbye and look forward to having you back next week. Thanks.