

Height loss, within limits, is a normal fact of aging process

By Bob Guldin
SPECIAL TO WASHINGTON POST

I hadn't seen my sister in more than five years, and when we met I could tell right away that something odd had happened. It wasn't the gray hair or the new wrinkles — with both of us in our forties, we expected that.

No, it was the perspective: I wasn't looking down at her from the same angle I'd been used to throughout our adult lives. She wasn't wearing heels, so there was only one explanation: I had gotten shorter.

I was face-to-face with one of the most common but rarely discussed aspects of aging — height loss. I didn't like it.

A little research showed what I was up against. Americans typically lose between one and two inches between the ages of 30 and 70, and after 70 the change accelerates. I've dropped from a height of 5 feet 11 1/2 inches in my twenties to 5-9 today.

"Height loss can happen as early as the thirties," said Washington back specialist David Borenstein, "but people tend not to notice it when the decrements are small. In their fifties and sixties it becomes obvious."

Most orthopedic surgeons and rheumatologists will tell

you there are two main reasons we get shorter as we get older: our bones and our disks. After 30, our bones get thinner, less dense and more porous. Especially in the spine, they become susceptible to microfractures, tiny breaks we may not even notice. When these breaks happen in the vertebrae, our spines become shorter, sometimes curving forward as well.

And as for the disks, those wonderfully tough cartilage cushions with soft centers that separate the vertebrae in the spine? Borenstein, a rheumatologist and author of "Back in Control" (M. Evans, 2001) said simply, "The shock absorbers start wearing out. The disks tend to flatten over the years."

The fact that I had arthritis, which sometimes degrades both disks and bones, had probably caused me to lose more height than my sister. Hence the surprising, and annoying, difference when we met.

Losing Stature
Like me, many people are unhappy when they learn they are getting shorter, and no wonder. The litany of statistics suggesting a lower quality of life for those who live closer to the ground is alarming: A survey of graduates of the University of

Pittsburgh found that those who were 6-2 or taller received starting salaries 12 percent higher than those under six feet. In universities, full professors tend to be taller than assistant professors.

In a study published in 1980, social psychologists discovered that less than one-half of 1 percent of American women were married to a man shorter than themselves. A Polish study found that taller men were more likely to be fathers, so short men are less likely to pass on their genes to the next generation, an injustice of Darwinian proportions. In 80 percent of U.S. presidential elections, the taller candidate won (though 2000 was, just like the balloting, a confounding squeaker: 6-1 Al Gore had an inch on George W. Bush).

So it's no surprise that even though height loss is normal, lots of people refuse to accept it. Stan Marshall, 84, a retired advertising executive from Pittsburgh, has gone from six feet tall to 5-9 1/2. The change became noticeable to family members when he was in his late sixties. He said that when his doctor told him at age 70 that he'd lost height, he started to argue. "I

said, 'Your measurements are wrong.' But some shrinking people say that their diminished stature seems like a minor problem, compared with other age-related health problems.

A few people may even welcome the change in height. Christina Cowger, 45, a plant pathologist in Raleigh, N.C., used to be 5-8 and has lost about half an inch. She said, "I used to be self-conscious, because I felt I was too big, too tall. I think I've overcome that self-focused worry, but at the same time I wouldn't be sorry if I lost an inch. And I think I'm about halfway there."

Annoying but Normal
Despite the distress it sometimes causes, doctors assure us that some height loss is normal.

Said Sam Wiesel, head of the orthopedics department at Georgetown University School of Medicine, "It's like when you get into your sixties and seventies and you get wrinkles on your skin. It's a normal aging process. This is the same thing, but it's happening in your spine."

And in fact, our height varies every day, whether we're old or young. Those disks in our spine rehydrate

and get more pillowy when we sleep, so we're taller in the morning. At the end of a long day, we are likely to be a quarter- to a half-inch shorter.

Arthur Weinstein, a rheumatologist at Washington Hospital Center, emphasized that height loss unaccompanied by pain may not indicate any disease, even if one has a stooped posture. "It may be disk narrowing, and lack of elasticity is normal. It's a feature of aging, it's not disk disease."

But not all height loss is normal. If you experience painful and sudden height loss, you are most likely

encountering an acute compression fracture caused by osteoporosis. In that case, you should see a doctor right away.

How much height loss can be considered normal? One criterion, according to Borenstein, is used by Medicare: A loss of more than an inch over any length of time is indicative of a medical problem, with bone density testing eligible for reimbursement.

More broadly, a large, long-term study in Baltimore found that between the ages of 30 and 70, men lost an average of 1 1/4 inches and women two inches.

FDA: Antidepressants a factor in child suicides

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warned of dire consequences if their use in children is banned.

Although only Prozac has been specifically approved for use in children, doctors are legally allowed to prescribe the drugs for any patient.

One company, Wyeth, has warned American doctors not to prescribe its drug Effexor to children. Gary Cheslek of Vicksburg, Miss., who said his son Justin hanged himself after taking Paxil, noted that the data that prompted Wyeth's warning had been available for years. Many families questioned why neither the company nor the FDA had acted earlier.

On a day of high drama at the Holiday Inn in Bethesda, dozens of families accused the agency of turning a blind eye to the problem. Some said their children had been helped.

"My children lead full lives because of SSRI medicines," said Suzanne Vogel-Scibilia, who said two of her children had been under psychiatric care. Vogel-Scibilia, a member of the National Alliance for the Mentally Ill, an advocacy group, said, "I shudder to think of what would happen to them if these medicines were not available."

David Fassler, a psychiatrist who testified at the hearing on behalf of the American Psychiatric Association, said in an interview, "Hearings like this frighten parents and make it less likely they will bring their kids in for treatment."

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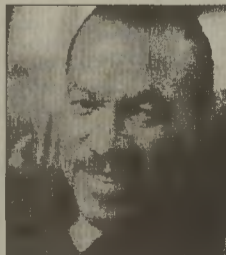
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