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A Child's Book of Flowers

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Illustrated by Susan Carlton Smith



NEW PUBLICATION—Scientists and clinicians aren't the only people at the medical center who publish books. This is the cover of Susan Carlton Smith's latest volume, *A Child's Book of Flowers* (Doubleday, 44 pp. \$4.95). It contains more than 30 drawings, many of them in color, of flowers small children are likely to recognize. The work is the third illustrated by Miss Smith, assistant curator of the Trent Collection in the Medical Center Library.

Revision Improves Benefits Of Health Care Insurance

A major revision of the university's health care insurance plan which improves and equalizes benefits for all employees went into effect July 1.

Richard Bindewald, associate personnel director and director of benefits and records, said that because the university is paying more of the premium for the insurance, the most expensive employee premium increase is about \$2.50 a month while for some employees a reduced premium has resulted.

The changes, Bindewald said, are part of a long-range plan to improve the insurance program and other benefits. He listed these as among the major changes:

* Depending on the plan employees used to be under, the maximum amount of major medical insurance was \$30,000 or less. The new maximum is \$250,000 per employee.

* The major medical deductible (the amount you have to pay out of your own pocket before the major medical insurance starts paying) used to be \$100 per year. It has been reduced to \$50. Further, no more than two \$50 deductibles will be required from one employee's family per year.

* Previously, after an employee paid the deductible (\$100 then), he or she paid 20% and the insurance paid 80% of the bills up to the maximum coverage. Under the new plan, after the employee pays the \$50 deductible, he or she pays 20% of the next \$3,000 (or \$600) and the insurance company pays 80% of that \$3,000 (or \$2,400).

After the \$3,000 in medical expenses is reached, the employee will have paid all he or she is required to, \$650. From then on the insurance company pays 100% of all approved major medical expenses up to \$250,000.

* Under the previous plan for faculty and certain staff members, when a participant was treated on an outpatient basis in the Private Diagnostic Clinics, a generous "courtesy discount" was provided by the PDC's. This is no longer in effect, and the usual and customary PDC fees are now charged.

Bindewald said that he and others in his office are available to talk with individuals or groups about insurance and other fringe benefits. The Benefits and Records Office is in 160 Bell Building. The telephone number is 684-6086.

Busse Discusses Health And Problems of Elderly

Today Dr. Ewald W. Busse is associate provost of the university and director of medical and allied health education. To people who don't know, those titles may camouflage Busse's reputation as a leading authority on aging, care of the elderly and health in later years.

It was, in fact, Busse who fathered the idea of what is today Duke's Center for the Study of Aging and Human Development, the nation's first regional center established by the U.S. Public Health Service.

"Health in Our Later Years" is the title of an article that appeared in the May-June issue of *NRTA Journal* (National Retired Teachers Association). It is a question-and-answer interview with Busse and is reprinted here for *Intercom* readers with the magazine's permission:

Why does sleep present so common a problem to older people?

Elderly people frequently complain about their sleep — but if they appreciated what happens to all people it would be less of a concern. As we get older, it takes a longer time in bed before we doze off — many older people find they need at least 20 minutes before dropping off to sleep while young people do it in 8 to 12 minutes. Sleep patterns, too, change and older people are more likely — normally — to awaken during the night and then to be awake longer.

The elderly should *not* be concerned even though they say, "I don't remember waking up before. Now I wake at 5 in the morning and at 6, then I can go back to sleep for an hour." This is really a normal reaction. Men as young as the late 50s and early 60s also develop prostatic hypertrophy, and when they have to urinate, are likely to then find it harder to go back to sleep.

It's important for older people to understand that these differences do occur. Sleep happens to be an important change for us because there are too many TV advertisements suggesting that people are supposed to have some perfect type of sleep, are supposed to go to sleep promptly and sleep uninterrupted — as if there were some ideal. Too many people are likely to start taking medications unnecessarily when they are just behaving like all normal people and really don't require *any* medication at all.

At what point should older people seek medical help for sleeplessness?

If they find they really can't perform effectively during the day, or if they lose weight, or if their sexual activities are showing a remarkable decline or disappearing completely — then they had better ask for help. It shouldn't necessarily be sought just because of the sleep pattern alone.

Are there special dangers in older people taking medication?

Older people would be much wiser to make certain the physician is following what drugs they're taking — because as you get older, how you metabolize drugs [how they're disposed of and utilized by your body] changes significantly. In addition, the muscular elements of your body are replaced by fatty tissues in which many drugs are deposited and stored. Thus elderly people have a greater capacity than they realize to store drugs in their bodies; even though they are not obese and their weight has not changed, they have altered the way their bodies handle medications.

What can the over-65 person expect in the way of health in general?

Statistically, those 65 to 75 years of age (the older population) and those 75 and older (the aged) are remarkably different healthwise. The majority of those 65 to 75 are relatively healthy although they have some incapacities. But while age 75 is currently when the decline becomes obvious physically, the health of people will gradually improve — and next year I may say 76 or 77 instead.

Can the older person anticipate a sudden or a gradual health change?

For most people, it is really quite gradual.

Are there mental or psychological changes, too?

Evidence has repeatedly demonstrated that those who have mental problems have a much higher likelihood of having physical ones — that there is an interaction here. I think we kind of forget that the mind is just as much an organ of the body as the heart or lungs. The two major mental reactions you find in elderly people are hypochondriasis and depression.

How common is hypochondriasis and what is its cause?

A substantial number of elderly people — probably about a third of

(Continued on page 3)



SPOKESMAN FOR THE AGING—Society has an obligation, says Dr. Ewald W. Busse, to help all age groups stay mentally and physically fit.