

PRIME TIMES

NEWSLETTER OF COASTAL CAROLINA UNIVERSITY'S CENTER FOR THE STUDY OF AGING AND ACTIVE RETIREMENT

VOL. II, FALL 2005

PRIME TIMES Welcomes StepUp! and More Community Volunteers

Volunteerism Is For Everyone!

By Valerie Harrington, MSW,
Executive Director, StepUp!, CCU

People volunteer for different reasons. Sometimes it is the desire to learn new skills; some may want to do it because they feel it is the right thing to do, while others may want to network and secure a better job or to ultimately make a career move. Whatever the reason, volunteering can and should be a good experience for everyone involved.

The tough part may even be in deciding what you want to do. The following information might help you sort through some ideas, so that you can select the most suitable and enjoyable volunteer service for you.

Volunteering is a 24-hour a day opportunity! Agencies know you are busy so they work with your schedule to find the project that is right and rewarding for you. The benefits of volunteering are visible throughout the Grand Strand.

Because of volunteer efforts, individuals improve their literacy skills, the quality of life for homebound elderly has improved, children involved in mentoring programs are doing better in school, and our beaches, parks and highways are cleaner.

Volunteering is easy and fun! Volunteering can be a flexible time commitment.

A way to learn new skills and meet new people. There's something for everyone.

Many agencies will work with your schedule to make your volunteer experience both beneficial and fun! You know better than anyone the type of volunteer experience you want to have. Choose to do things you enjoy. You may want to serve as an art gallery tour guide, volunteer with a local children's theater group, or be a volunteer at a local parade.

If you have a stressful job and you would like to volunteer at something that is light, reading to children in a local library might be a good place to volunteer. If, on the other hand, you have a

special skill that you just don't get to use often enough, find the organization that could use that service. If you know a foreign language, you might want to contact a local agency that works with refugees and immigrants. Or if you have carpentry or electrical skills, the local Habitat for Humanity could probably put those valuable skills to use.



Volunteering is a learning experience! You might discover hidden talents when you volunteer. You will challenge yourself in new and exciting ways. If you work indoors all day, you might want to do something outdoors. Many of our local Humane Societies offer outdoor volunteer opportunities via walking and playing with dogs. You might also consider volunteering at the local parks and recreational departments. Get creative!

By donating anywhere from one half-hour a week to one week a year, you can make a difference in your community.

In one-half hour a week you can:

Assist an agency with reception, reports, filing, etc.

Provide comfort to a latchkey kid through a "phone buddy" program.

Add a senior's grocery list to yours and drop the groceries off.

Send birthday cards to local agency volunteers.

In one hour a week you can:

Read a newspaper or talk to an elderly person in a senior home.

Write an article for an agency's "Volunteer of the Week" column.

Feed the homeless a nutritious lunch at the soup kitchen.

Tutor a child in reading or math and help them excel in school.

In one hour a month you can:

Describe a piece of artwork to elementary school students.

Record textbooks onto audiotapes for the visually impaired.

In one morning/evening/or day a month you can:

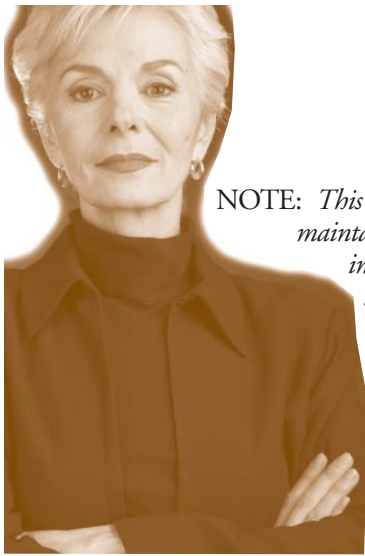
Help build a house with Habitat for Humanity.

Offer free childcare for neighbors attending a PTO meeting.

Finding a volunteer opportunity isn't difficult; finding the one that fits your schedule, your skills and your interests can be the greater challenge. Give what you can, in whatever way you can, to make a difference in your community.

To find volunteer opportunities in your community contact **STEP UP! A Volunteer Network at Coastal Carolina University, Foundation Center, P. O. Box 261954, Conway, SC 29528**, telephone (843) 349-6488.

PT note: Funded by a four year, \$750,000 grant from the John S. and James L. Knight Foundation, StepUp! will work with area nonprofit groups in creating effective volunteer infrastructure promoting volunteer opportunities. Project coordinators, trained by StepUp!, will be the primary contacts who give information about projects that may interest to people who want to volunteer. According to Knight surveys, 40% of respondents believe volunteering is one of the best ways of helping and having impact on their community. In a CSAAR survey in 2004 over 21% of respondents volunteer at least once a week and over 7% volunteer daily. CSAAR is represented on the StepUp! Advisory Board by Rocky Cartisano.



10 Keys to Smart Aging Part V

NOTE: *This is the fifth in a six-part series on maintaining and even enhancing one's intellectual abilities despite advancing age, based on very encouraging scientific research. Your questions or comments on this or any other Prime Times article are always welcome via the contact information for the CSAAR Office.*

REVIEW

We began this series by noting that “common sense” and early scientific research had always held that after age 60 or so, older adults began a gradual but inevitable downhill slide in cognitive (intellectual) abilities called “senescence.” This loss of cognitive knowledge and skills - such as thinking, learning, memory, decision-making and problem-solving - was believed to continue to decline until death. Fortunately for older adults, better and more recent scientific research has disproved that “senescent” or “decremental model” of cognitive development in our later years, and replaced it with a more accurate model which shows that intellectual abilities need not suffer a significant decline until much later in life, just before death. As importantly, these studies have also provided us with specific principles on how to postpone or minimize senescence, or - in some cases - to avoid it altogether. This series of articles summarizes ten of those principles, and provides recommendations for daily activities to enhance cognitive abilities after age 60.

Principle 1 was to find ways to use the knowledge and skills accumulated during one's career after retirement, and recommended developing hobbies, avocations, or employment that didn't let all those competencies go to waste. Principle 2 was to keep both the quantity and quality of one's daily intellectual activities high. Playing challenging games like bridge or chess, participating in sports like golf or tennis, watching challenging television programs like those on the History, Discovery, National Geographic and Learning channels, or reading books with substantive content and complicated plots are all ways to spend at least 2-4 hours each day exercising your brain.

Principle 3 was to socialize often with new people in new places. The “cross-fertilization” of interacting with new ideas and new attitudes keeps one's critical-thinking and communication skills sharp, both of which are great for continued cognitive development. Principle 4 was to seek out educational and training experiences. Whether one resumes one's formal education at the high school, college or graduate school level, or participates in Coastal Carolina University's popular “Lifelong Learning” program, just audits or visits college courses (*for free!*) at a local college or online, or undergoes training for a new job or volunteer role, there's no better way to exercise your brain than such intense learning experiences.

Principle 5 was to maintain and increase your competencies in order to master new areas of knowledge or skills. That will not only improve your brain functioning, but gives one pride in one's abilities and provides opportunities to help others as well. Principle 6 was to use “selective optimization with remediation and compensation” cognitive strategies or styles. What those

complex terms mean is to analyze one's cognitive strengths and weaknesses, and maintain your strengths by selectively performing brain functions that you're already good at. As for your weaknesses, directly drill yourself to strengthen them (= remediation) or find other ways to achieve the same cognitive goals some other way (= compensation).

Principle 7 was to be conscientious about your general health. Maintain a diet that is rich in proteins, vitamins, calcium, and anti-oxidants, and is low in “bad cholesterol” and transfatty acids. Perform aerobic exercises regularly to strengthen your heart and oxygenate your brain. And be very careful that your doctor knows all the medications you're taking so you don't accidentally abuse (over-dose or under-dose) any psychoactive drugs. “Start low and go slow” on all medications in old age.

PRINCIPLES 8 AND 9

Now to the new information for this article:

Principle 8 is to *maintain continuity among your life settings, role, and relationships*. Gerontological research (= studies of older adults) consistently shows that seniors who remain in their homes, maintain their status in the community, and continue positive relationships with family members and 4 to 8 close friends age much more successfully than those who don't. Major changes in any of these three important life arenas usually produce high levels of stress, and high or prolonged stress is very bad - both for one's psychological and medical health. (See Principle 9 below.)

Research has shown that the four major life-shaping events that are most detrimental for older adults are (1) having to leave one's home against one's will and moving into a residential facility or nursing home; (2) losing one's status within the community and not enjoying the respect and affection that comes with such status, which often leads to “social disengagement” and maladaptive isolation; (3) the loss or diminution of positive relationships with our closest family members or friends, especially if that's also combined with moving away so that face-to-face communication and visiting are difficult; and (4) suffering a fall or other accident that results in broken bones, especially in the hips or legs.

In most cases, remaining cognitively sharp can both prevent or postpone each of those four detrimental events, as well as enabling one to maintain control over one's living arrangements (i.e., not giving our caregivers reason to believe we're not capable of living independently and making important decisions regarding our futures). “Aging in place” and maintaining control over our most important life-shaping decisions and events is a matter of showing we've earned that right to our primary caregivers; especially our adult children.

Principle 9 follows logically from 8; *avoid high stress as much as possible*. Feeling stressed is not just discomfiting at the moment. High levels or prolonged levels of stress can suppress your immune system - making you more vulnerable to disease, especially communicable diseases such as colds, the flu and pneumonia. Too much stress can also lead to psychological disorders, such as anxiety and phobias (both fear-based disorders), clinical depression (= sad, hopeless, and no-energy feelings lasting for two weeks or longer), which can require professional help to

Ask Your Friendly Neighborhood Gerontologist

by Dr. Reid Johnson, Ph.D., Gerontological Psychologist

Q: *What is it like to be a primary caregiver for an Alzheimer's patient? [NOTE: This question was submitted by a Prime Times reader who wishes to remain anonymous.]*

A: Being a primary caregiver for a patient suffering from *any* major disease or disorder of older adulthood can be both an extremely difficult and deeply rewarding experience. Without the advanced training and experience of professional caregivers such as doctors, nurses, psychologists and social workers, however, trying to serve all the needs of an Alzheimer's Disease (AD) patient by oneself can be excruciating, which is why family caregivers for dementia patients are called the "hidden victims" of such disorders.

Before we go into detail about the caregiving experience, let's briefly review the facts about Alzheimer's Disease itself. AD is the most common type of the *dementias*, which are a group of disorders marked by a *progressive and irreversible loss of memory and other "executive functions" of the brain*, such as planning, organizing, problem-solving and decision-making. In AD, the disorder is usually exacerbated by accompanying symptoms like agitation, confusion, irritability, depression, disorientation, paranoia and wandering. Less common secondary symptoms include aggression and psychotic cognitions, i.e., hallucinations and delusions. AD is caused by the destruction of brain cells (neurons) by the accumulation of beta amyloid protein *plaques* and fibrous *tangles* in the cerebral cortex. Environmental causes of AD are unknown, but there is some evidence of a direct or indirect genetic component to the disease. Ten percent of older adults aged 65 are diagnosed with AD in the U. S.; by age 85 that number approaches 50%. Last year over 4 million Americans were diagnosed with AD, costing over \$90 billion to treat. This disease is often a personal, social and financial catastrophe for AD patients and their families.

My mother was diagnosed with AD in 1989. When she was 75, she looked and acted more like 60. When she was 78, she looked and acted more like 90. As an only child caregiver - and a trained psychologist - I tried for several weeks to provide for my mother's primary needs myself, first in

her home in Black Mountain, N.C. (where she lived alone, my father having died in 1974), then in my and my wife's home in Tega Cay, S.C. The disease progressed extremely rapidly in my mother's case; she only lived just over a year and a half after she was diagnosed. Although it may sound cold to a reader not familiar with Alzheimer's, that rapid progression was tremendously merciful-both for her and for me.

I noticed the first signs of my mother's cognitive deterioration - sometimes referred to as "minimal cognitive dysfunction" or "mild memory loss"-in the summer of 1989 when my two children and I were visiting her home for lunch. On three successive trips to and from the kitchen, lasting not more than a couple of minutes, she asked my son if he wanted ketchup for his French fries; apparently unaware that she'd asked the same question and gotten the same answer just a few seconds ago. As I think back over numerous visits and phone conversations preceding that time, I can't point to any other evidence that she was having memory difficulties.

Less than a week later, she was driving on a nearby interstate when she side-swiped another car while trying to change lanes. The accident didn't cause much damage to either vehicle, but it scared my mother so badly she stopped driving after that. She was an intelligent and proud woman, but when she finally told me about the accident, I dropped everything and traveled the three hours to her home to offer support and assess her condition. Her asking for help was a strong indicator that something major was wrong with her.

When we arrived for that visit, I talked with mother while my wife inspected her kitchen. There was almost no food in the refrigerator, she'd been unable to master the three-step process to operate the new microwave oven we'd given her for her birthday, and while we were there, she forgot to turn the eye on the stove off when she finished using it.

I thought it was time to seek professional help, but my mother begged me not to do so. She seemed cogent at the time, and two next door neighbors - whom she'd often helped out in times of trouble -



promised to keep a close eye on her from then on. Against my better judgment, we left her and returned home. But I immediately began scouting for a residential treatment program near our home in South Carolina.

A few weeks later, we returned to the mountains for another visit, and I could tell a significant change for the worse. Despite her protestations to the contrary, mother was having a harder and harder time carrying on a meaningful conversation, and questions about what she'd been doing and with whom went largely unanswered. Although she desperately tried to disguise it - a common phenomenon with AD patients - it was clear she was a growing threat to her own safety, and she could no longer live alone.

After putting her legal and financial affairs in order, we brought mother to live with us. She had her own bedroom and bathroom, which required that she exit the bedroom and pass one other door to reach the toilet. We kept the bathroom lit around the clock as an additional cue to its location. In the week she stayed with us, she was unable to negotiate that trip but a few times without getting lost. Although both my wife and I continued working, I spent as much time as I could with mother at home. Even with those arrangements, she wandered off a couple of times, saying each time she "had to get home."

From then on, I mark the deterioration of my mother's condition in three approximately six month intervals. We moved her to a new, very attractive continuum of care facility less than two miles from my office, where she started off in an independent living apartment. Despite her putting on

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SPOTLIGHT ON... Alzheimer's Association

the compassion to care, the leadership to conquer

By Linda Cello, Program Coordinator, Alzheimer's Association, Palmetto Chapter, Surfside Beach, (843) 233-9100

Alzheimer's disease is becoming a major epidemic in our country. A disease that afflicts our aging population has already struck more than 14 million people in the United States and that number is expected to rise to 14.5 million by the year 2020. There are an estimated 5,000 people throughout our local counties who suffer with this disease, not counting those individuals who have not come forward. As the Strand continues to grow from an in-migration of retirees, baby boomers and others eager to live in this beautiful area, the numbers of those stricken by Alzheimer's will increase.

Many are aware that this currently incurable, degenerative brain disease robs its victims of their memories and life stories. It usually strikes people 65 and over but there are also cases where the disease begins in the late 40's and early 50's. Disease symptoms include short-term memory loss, language problems, difficulty performing familiar tasks, disorientation to time and place, poor or decreased judgment, problems with numbers and balancing checkbooks, loss of initiative, changes in personality, or changes in mood or behavior. Imagine not recognizing your spouse and your children even though they are the ones taking care of you. There is more to this disease than memory loss. As the brain cells begin to die, the individual loses forever their ability to perform simple everyday tasks such as feeding one's self, performing personal grooming needs (including the ability to self-toilet), communicating, reading and writing, bill paying, shopping and dressing. Never has a disease demanded so much from family caregivers who are often the only source of daily caregiving. Most Alzheimer's sufferers are cared for at home to give them a sense of normalcy for as long as possible, to put off caregiver guilt for placing their loved one in a professional caregiving setting, and to lessen the amount of time and money spent on Alzheimer's communities and nursing homes. Many

caregivers must give up their jobs to take on caregiving activities. They often burn out or become ill themselves. The cost of round-the-clock services in a professional caregiving environment for three years is estimated at approximately \$170,000, not including medication. Medications to help keep the Alzheimer's patient comfortable and able to continue with some of their abilities are available. The Alzheimer's Association is the largest contributor to Alzheimer's research and has donated millions to support research efforts to find a cure.

We're here to help those who need help now. The Alzheimer's Association can provide help to caregivers in many ways. We offer one-on-one help through our local hotline (843-233-9100), provide written information on the signs and symptoms, getting a diagnosis, communicating with the patient, dealing with unwanted behaviors, preventing wandering, financial and legal issues, home safety, caregiver stress, and more. We have limited annual \$500 caregiver respite grants to help caregivers get out of the home to do those things we all take for granted - going food shopping, banking, relaxing, attending a family function. Throughout the year we provide workshops on caregiving, education on the disease, planning doctor visits, and tips on keeping your brain active.

If you suspect that you might have Alzheimer's you should contact your doctor or neurologist.

Important numbers:

Local Alzheimer's Association Regional Office at 1010 5th Ave. N., Surfside Beach (843) 233-9100,
www.scpalmettoalz.org

National Alzheimer's Association 800-272-3900, www.alz.org



Grand Strand Senior Services Directory

The Spring issue of *Prime Times* announced the debut of the Grand Strand Senior Services Directory. This is an online directory, a "one stop shop" for seniors and those who serve them, providing information about many needed services. The directory is a co-operative project of Coastal Carolina University and Horry-Georgetown Technical College. We are constantly striving to improve public awareness about this directory, especially for those who need it. Illustrative of this is a recent incident experienced by Shirley Long Johnson of Horry-Georgetown Tech. She received a call from Sylvia Jenkins in Savannah, Ga who found Shirley through an Internet search for senior assistance in South Carolina. Ms.

Jenkins had been earnestly, but with much frustration, seeking assistance for both of her elderly parents living in Georgetown County. Shirley told her about the Senior Services Directory and suddenly Ms. Jenkins was aware of 134 agencies in Horry and Georgetown counties, many of which provide the services she was looking for to help her parents. Now Ms. Jenkins and many others with similar needs can all look at the same information and make intelligent decisions for the well being of their loved ones. Shirley describes the satisfaction she had as heart warming from hearing the "thank you, thank you, thank you" in Ms. Jenkins' voice.

The Grand Strand Senior Services

Directory is easily reached at www.coastal.edu/csaar/srsvservices. If you know of a senior services organization that should be included but is not - or if you represent a senior services organization that would like to be included - please contact the CSAAR staff at (843) 349-4115 or 4116 or e-mail rockdot@coastal.edu or call Shirley Johnson at (843) 477-2010 Shirley.Johnson@hgtc.edu or Pat Kleber at (843) 477-2020 Patricia.Kleber@hgtc.edu We'll be pleased to send a Senior Services Directory entry form to fill out and return for consideration and post your information as soon as possible.

All that you can do to spread the word about the availability of the Senior Services Directory will be appreciated.

SCAMWATCH:

by John Trudeau, President/CEO,
Better Business Bureau

Bless Their Hearts



As senior citizens, we have earned the right to be choosy about where, when, how and, most importantly, with whom we invest our money. Some very good friends of mine are professionals in the financial services field and I have asked for their help in preparing this month's message. They have successfully completed the rigorous training for accreditation as Certified Financial Planners and also have the distinction of carrying a securities license. These are some pretty smart cookies! What I am telling you is that with the help of my friends I have done extensive homework on the topic of **Equity Indexed Annuities** and I am going to run as fast as I can away from this product. Did I say "product"? Yes, Equity Indexed Annuities are insurance products and not considered securities, which means they are regulated by state insurance commissions rather than the SEC or NASD. Now, there is absolutely nothing wrong with insurance salesmen who work their trade on the ethical side of the ledger, but when an insurance salesman or (worse yet) a licensed securities broker advises a person my age to divest their assets and "invest" in Equity Indexed Annuities, well, bless their hearts, they have gone into ethical hell.

As senior citizens, we need to be extremely cautious of seminar pitches for FREE educational programs, FREE tax and estate planning guides or invitations and advertisements to "Join us for a free lunch..." These seminar pitches sound great, provide valuable information and there are very reputable companies conducting such seminars, but keep in mind several things.

1) Bless their hearts, but anyone paying for your lunch or dinner at an upscale restaurant is not doing so simply out of the goodness of his or her heart. At the very

least they expect to get your name, address and phone number so they can contact you at a later date and make some kind of sales presentation. You tell me the last time you had a "free lunch."

2) Some of these sales pitches may be for Equity Indexed Annuities. Understanding the vast differences in this product can be puzzling at best if you purchase one without doing your "due diligence."

3) Equity Indexed Annuities are typically long term insurance contracts that pay an average commission to the salesperson of 8.1% (according to a recent article in USA Today) while carrying a high surrender charge to the consumer if they need to exit the contract before it expires.

4) Remember, sales of Equity Indexed Annuities require an insurance license but not a securities license. Variable annuities require the salesperson to hold a securities license. Research the difference.

5) Indexed Annuities and Variable Annuities may be good investment selections for a portion of a portfolio in certain circumstances for certain people. However, if you have an investment portfolio and someone, bless their heart, is trying to talk you into divesting your investments with the intention of placing those funds into an indexed annuity you should thoroughly check out the product as well as the person making the presentation.

Contact the National Association of Securities Dealers at www.nasd.com to verify the licensing of anyone claiming to be a securities dealer.

Investment advisers get paid to give

advice about investing in securities. They must register with either the SEC or the state securities agency where they have their principal place of business.

Investment advisors who manage \$25 million or more in client assets generally must register with the SEC. If they manage less than \$25 million, they generally must register with the state securities agency in the state where they have their principal place of business.

Another way to find out if an investment adviser is properly registered is to read their registration form, called the "Form ADV." The Form ADV has two parts. Part 1 has information about the adviser's business and whether they have had problems with regulators or clients. Part 2 outlines the adviser's services, fees and strategies. Before you hire an investment adviser, always ask for and carefully read both parts of the ADV. To view an adviser's recent Form ADV go to <http://www.sec.gov/IARD>.

The Better Business Bureau and the SEC suggest you ask the following questions of the broker, adviser or firm: You may start each question with a "bless your heart."

- What experience do you have with people in my circumstances?
- What license do you hold? Are you registered with the SEC, a state or NASD?
- What product or service do you offer?
- How are you paid for your services? What is your hourly rate, flat fee or commission?
- Have you ever been disciplined by

any government regulator for unethical or improper conduct or been sued by a client who was not happy with your work?

When in doubt, check it out.

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IN APPRECIATION

The CSAAR offers a very special Thank You to all who took the time to fill in and return the Reader Satisfaction Survey form that was included with the Summer edition (our 4th). *Prime Times* was started in response to the more than 1,000 older adults and retirees asking for such a publication with information relating to their personal interests and their interest in Coastal Carolina University. We learned more about what most interests you in the newsletter and will make every attempt to continue producing a newsletter that you look forward to receiving. Through *Prime Times*, our goal remains to make the CSAAR and Coastal Carolina University an important feature of your living along the Grand Strand.

\$\$\$ Investment Planning in Retirement \$\$\$

Responding to requests to include some articles on finance and investment we have invited a “guest columnist” for this issue.

By Norman F. Whiteley

One of the most difficult questions facing a recent retiree today, especially one who retires before the age of 65, is “How much can I safely withdraw each year from my retirement assets without running out of money?” A generation ago answering that question was not as difficult. Most individuals retired at age 65, on average lived another 6 or 7 years and then died. Not much need for extensive financial planning or agonizing about withdrawal rates.

That has all changed, however. Today, even retiring at age 65, an individual has a good chance of living another 30 years in retirement. The trend toward retiring early, furthermore, can significantly increase that retirement time span. Further complicating the dilemma is the impact of inflation. Someone who is able to comfortably support themselves on \$30,000 today will require more than \$95,000 in 30 years to support the same lifestyle, assuming a 4% average annual inflation rate. How then is the individual to address these issues?

Over the past 35 years a few studies have been done to try and measure “safe” withdrawal rates assuming “optimal” investment portfolios. I would define an “optimal” portfolio as one having a mixture of stocks and bonds/cash providing the best blend of returns, liquidity and safety under any particular investment market condition. Three studies come to mind: (1) the Bengen Study, which looked at a 50/50 blend of stocks and bonds, studied the markets since 1925; (2) The Harvard Study, which used a 50% stock and 50% bond and cash portfolio; and (3) The Trinity University Study, which looked at several asset allocations and settled on an “optimal” mix of 75% stocks and 25% long-term corporate bonds under market conditions during the period from 1926 to 1995. In general, the conclusions were quite similar. A “safe” rate of withdrawal is about 4%. That is, an individual may safely withdraw about 4% of the original asset value each year without running out of money. There may be some latitude for those retiring later to go up to 6 or even 8%, using the more aggressive investment mix of the Trinity study. The reason for the low rate is that in some years in which withdrawals are made the markets will be significantly down.

The Trinity study was perhaps the most comprehensive, but in

itself raises a few “red flag” questions. The returns it used for stocks, for example, were based on the average of the S&P 500 index. However, no provision was made for investment expenses. Thus, if an individual invests in a stock portfolio which achieves returns equal to the S&P 500, but the individual is paying an investment advisor a 1 or 2% fee, the returns, and consequently the safe withdrawal rate, will be that much less. Another “red flag” is that the studies are based on historical data and we all know that “past performance does not guarantee future results.” Most financial forecasters today are forecasting lower future returns for investments than have been achieved in past decades.

One strategy suggested by the studies is to adjust the withdrawal each year to reflect market returns or inflation. One study, for example, suggests a strategy of adjusting monthly withdrawals to no less than 0.5% of the current portfolio balance (or 6% annually) and no more than 0.75%/month (or 9% annually). When adjusting the withdrawal rate to the current portfolio rather than the original value, the portfolio is preserved but the income derived will vary from month to month and year to year. Of course, the downside of this strategy is that the individual has to get used to living on a variable income.

Another strategy (which, incidentally, is the one Harvard decided to use), depending on a person’s age, is to start at or below the 4% withdrawal rate and then increase withdrawals at the rate of inflation. Thus, if one withdraws 3% at the outset and inflation in the next year is 4%, the withdrawal rate can be increased to 3.12% in that year. This strategy allows the individual to deal both with preserving the assets as well as adjusting for inflation.

Of course, all of these strategies are contingent on having a sufficient retirement “nest egg” to start with. That is an issue that has to be addressed long before retirement. For those of us already there, facing the realities of our financial condition early can help us avoid more serious problems later in life, when we’re less able to handle them.

Norman Whiteley publishes a free monthly online investment newsletter and he has taught classes for CCU’s Lifelong Learning. Currently, he is president of the Lifelong Learning Board. He can be reached at nwhiteley@coastal.edu

10 Keys to Smart Aging Part V

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overcome and exacerbate medical illnesses.

Surprisingly, *no* stress can also be harmful for one’s cognitive development. Our brains are programmed to solve everyday problems and overcome life’s little challenges, and if we have someone else taking care of all those problems and making all those decisions for us - no matter how well-intended - our brains can suffer from lack of use. Low to moderate levels of stress - if they’re not too high or prolonged - actually exercise our intellect and

make us better for the experiences. So the bottom line here is to actively participate in all major life-shaping decisions, and when it comes to changing our residence, social status or close relationships, we should plan such moves very, very carefully - so we’re confident we’re doing the right thing - to minimize both the length and level of the resulting stress.

By its very nature, aging beyond age 60 brings with it certain life challenges and developmental tasks; key life-shaping

events that can make the difference between successful and unsuccessful aging, regardless of who we are. Principles 8 and 9 emphasize the fact that following the advice of Principles 1-7 and making sure we maintain high levels of brain stimulation will put us in the best possible position to develop the kind of *wisdom* it takes to make the most of positive opportunities and minimize the effects of negative events in old age.

The Key to Cancer Prevention and Longevity May be Carried in Your Jeans



By Robert D. Bibb, M.D.

No, the title above is not a misprint or a word misused out of ignorance. Certain commonly available chemicals may actually slow down the aging process and assist in the prevention of cancer development. You could literally carry them in your jean pockets.

The latest buzz word in the anti-aging and anti-cancer field is anti-oxidants. These are materials that have the capacity to scavenge or neutralize free electrons carried as unbalanced electrical charges on molecules inside your cells. These electrically charged molecules are called oxidants and are generated in the normal process of breathing oxygen. Our bodies produce natural anti-oxidants to neutralize them and when this natural system is overwhelmed, an organism is said to undergo oxidative stress. Excess oxidants are produced in our bodies by the effects of pollution in the air we breathe, the food we eat and the water we drink. Unhealthy life styles which include smoking and lack of exercise also contribute to this excess.

The electrically charged molecules mentioned above seek to neutralize their unbalanced charge by donating an electron to other molecules in the vicinity. If the molecules nearby happen to include genes that reduce the chance of cancer or structures that allow us to live longer, these molecules or genes can be damaged, resulting in cancer or a shortened life span or the premature development of other infirmities of the aging process.

A very important gene that controls our ability to prevent cancer is the P53 gene.

The reason humans don't weigh 6,000 lbs. or grow to heights of 20 feet is that every cell in the body is programmed to die a certain time in its life span. This is called programmed cell death or apoptosis. We now know that cancer is not simply cells growing uncontrollably but in many cases may represent a collection of cells that simply do not die. If the p53 gene is damaged by unbalanced electrical molecules (free radicals), then cancer can potentially develop. No, we've not yet reached the place for your Jean pockets yet! Read on.

One of the more recent theories of aging is based on what is known as the telomere theory. A telomere is a sequence of chemicals related to DNA that exists at the ends of DNA molecules. Their job is to replace sequences of DNA that may be lost during DNA division. Pieces of the telomere can be lost with each cell division. The enzyme telomerase helps repair segments of the telomere during cell division. In theory, when the telomere is shortened significantly, cells can no longer divide and a cell becomes senescent. Senescence means that the cell is living but not dividing. When this occurs the organism will die shortly. Theoretical calculations show that the maximum number of cell divisions with maximum repair of telomeres lead to an estimated maximum age in humans of 120 years. This calculation assumes that the enzyme telomerase is working properly. If this enzyme is damaged by free radicals, shortening of the human aging process can occur. We are getting closer to the pockets!

One way to measure cognitive function in rats is to place them in a stainless steel swimming tank with vertical sides and to place a pad for rescue somewhere in the tank.

A young rat will swim to the pad almost directly but an aged rat has great difficulty in finding the pad and is likely to drown. In a colony of young rats, an aged male rat will sit in the corner like a grumpy old man and have no social interaction. In a recent study old rats that had been given certain anti-oxidants (free radical scavengers) were able to find the rescue pads like the young rats, and the old rats' copulatory behavior was that equal to the young rats. This could indicate that free radicals may accelerate a decline in cognitive function or that anti-oxidant therapy could help improve such a decline associated with the aging process.

What can be done to mimic the success in mice and to reduce the chance of cancer and slow down the aging process? Taking anti-oxidants is the answer. Now, for your Jeans -a personal recommendation is: green tea extract 315 mg at four per day (available at GNC), grape seed extract 100 mg at four per day (GNC), alpha- lipoic acid at 600 mg per day and acetyl-L-carnithine at 1000 mg per day. Of course, don't forget to eat at least six helpings of fresh fruits and vegetables daily.

Dr. Robert Bibb is at Waccamaw Dermatology, 917 Medical Circle, Myrtle

Web Bits and Pieces

We've been asked by some of our readers for websites to go to for information on aging, health and other subjects. Below are some sites we've been made aware of but, other than our own, we, of course, are not responsible for them. And surely there are many more out there with diverse value and interest:

www.coastal.edu/csaar/srservices

(this is the Senior Services Directory)

www.icaa.cc International Council on Active Aging

www.ConsumerReports.org

www.agingresearch.org

www.scaccesshelp.org South Carolina Lt. Gov. Office on Aging

www.alzheimers.org; click on

"Genes, Lifestyles and Crossword puzzles

www.caregiving.com

www.centerforhealthyminds.org/index

www.healthinaging.org/agingintheknow

www.aoa.org - Administration on Aging with many links

www.matureresources.org

www.aginginusa.com

www.aoa.gov/youcan

www.bbhq.com/bomrstat

www.boomersint.org

www.suddenlysenior.com

www.agingresearch.org

www.caps4caregivers.org

www.scava.org

www.nationalservicerresources.org

www.aging.sc.gov

www.sccommunityprofiles.org

www.ors.state.sc.us

www.scmatureadults.org

CCU's Lifelong Learning Part of the University Family

In the winter 2004 issue of PrimeTimes, Lifelong Learning was highlighted for what the program offers to older adults. PrimeTimes is pleased to include the official letter which announces the firm place Lifelong Learning has within the University. Also, pioneer Lifelong Learner Sally Hare shares some thoughts about this change.

Lifelong Learning at Coastal Carolina University

By Sally Z. Hare, Director, Singleton Professor of Education

Lifelong learning is a passion for some people. For me, it's more than that. It's a way of life.

So I guess it's only fitting that Lifelong Learning at Coastal Carolina, which I helped get its start at Coastal 20 years ago, and I cross paths again, as I get ready to retire from Coastal at the end of 2005.

"Yearning for Learning," an article in the July/August 2005 issue of AARP The

Magazine, speaks to the growing popularity of "lifelong institutes (or LLI, also known as an institute for learning in retirement)," which were first offered in 1962.

Committed to offering adults the opportunity for continuing their learning for a lifetime, CCU first offered such programs as Third Quarter (TQ), under the Office of Graduate and Continuing Education, in the early 1980s when the college was part of the University of South Carolina system.

In 1993, when Coastal Carolina became an independent state university, the lifelong learning program moved into the newly established Office of Continuing Studies and Extended Learning. Third Quarter became The Lifelong Learning Society (LLS), a membership organization. A membership fee was instituted in addition to course fees, and the program grew from 600-plus to more than 1,000 participants during the 1990's. Members received a membership

card entitling them to certain benefits on and off campus, such as library use and discounts at some local businesses.

In the spring of 2004, as a result of changes at the University and the dissolution of the Office of Continuing Studies and Extended Learning, Provost Peter Barr moved the Lifelong Learning Society into the Center for Education and Community, of which I serve as founding director. At the same time, Dr. Barr placed the responsibility for noncredit programs in the Office of Academic Outreach.

The letter from President Ron Ingle and President Norm Whiteley in this issue of *Prime Times* describes a paradigm shift at Coastal Carolina University.

This view of Lifelong Learning students as an integral part of the University is unique among institutions of higher education. I love Coastal's change of perspective, and I also love Coastal's commitment to lifelong learning in its mission statement, to develop in our students "attitudes that embrace an appreciation of and desire for lifelong learning."

I'm proud that Coastal is ahead of the curve that AARP and others are recognizing. And I look forward to continuing to learn.

PT note: The Lifelong Learning Advisory Board is made up of individuals who believe that learning never stops. These individuals, from all along the Grand Strand, are dedicated to having the most viable program of diverse interests possible for the community that seeks to learn more.

CSAAR/PrimeTimes will continue to keep you abreast of the Lifelong Learning program.

Dear Friends and Community Members,

We are pleased to share with you the latest news of Lifelong Learning at Coastal Carolina University-and to invite your active participation. Lifelong Learning has been an important component of Coastal's mission statement for a long time, with our commitment to develop in our students "attitudes that embrace an appreciation of and desire for lifelong learning." We now have expanded our commitment to recognize as an integral part of the University the adults in our community who embrace an appreciation of and desire for lifelong learning.

We have been offering a Lifelong Learning program of noncredit classes for adults for more than 20 years, as a program of Continuing Education. As the University has grown and as the retirement community in the surrounding area has also grown, we want to be more intentional in welcoming Lifelong Learning students as part of the University family, rather than simply as a program of one unit.

We are in the process of restructuring our Lifelong Learning program. We invite you to share our excitement and ask your patience during the transition. We will no longer have an extra fee to "join" the Lifelong Learning Society, as you will be considered a Lifelong Learning student when you register for any CCU noncredit class. We will be offering courses at all four Coastal sites: the Conway campus, the Myrtle Beach Higher Education Center, the Waccamaw Higher Education Center, and the Georgetown Higher Education Center. When you register for a Coastal noncredit class, you will receive a Lifelong Learning ID for the term of your course in which you are enrolled. This ID will allow you to enjoy student library privileges and student rates, when applicable, to certain cultural and athletic events at Coastal. Lifelong Learners who register for a course held on Coastal's main campus will receive a temporary parking pass for the term and will not be required to purchase a parking decal.

The Lifelong Learning Advisory Board is working to make Lifelong Learning students an integral part of Coastal, with student organizations, student service and civic engagement opportunities, and student social activities. We hope to see you at one of the Lifelong Learning Orientation Sessions.

If you would like to receive the fall schedule, please call 843-349-4051 or 843-349-4032, or drop by any of the four locations. You may also call the Lifelong Learning Advisory Board office at 349-2678 to find out how you can become more actively involved.

We appreciate your support and welcome your involvement as we continue to grow.

Sincerely,

Ronald R. Ingle, President
Coastal Carolina University

Norm Whiteley, President
Lifelong Learning Advisory Board