What to do about Middle Age issues?

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CASE

Jill Smith, age 52, has not seen her doctor for almost two years. She presents with a list of complaints and concerns that includes intermittent headaches at the back of her head and across her brow, interrupted night sleep, new intolerance to certain foods, and a tendency to lose her temper more often with people. She is worried that there is something very serious going on in her body. She has also read a newspaper report of a study showing hormone replacement therapy (HRT) is dangerous for women. Since she has been on HRT for two years to control serious menopausal flushing, she wonders if she should stop the medication.

Review of her systems and her physical exam were otherwise unremarkable. She was on no other medications. As an afterthought, following the exam, she pulled out a copy of blood test results done two weeks ago at a walk-in clinic she went to because of growing anxiety about her health. Other than a small elevation in low-density lipoprotein (LDL) cholesterol, the tests were normal, including a complete blood cell count, glucose, liver and renal function, and thyroid-stimulating hormone tests.

Further enquiry of Mrs. Smith indicated there were a number of concurrent stressors in her life. Her 57-year-old husband had recently undergone investigations for coronary artery disease. The stock market drop meant she was likely to be laid off from her part-time job. Unfortunately, this income had been earmarked to pay for the anticipated increased premiums for her husband's life insurance policy. Her 22-year-old son had not done well at an out-of-town university and was planning to return home. Her own widowed mother was suffering from mild Alzheimer's disease, and Mrs. Smith had to help her mother with housekeeping, food-shopping and getting to doctors' visits.

The physician expressed sympathy for Mrs. Smith's situation. He explained that there did not appear to be a likely "disease" to account for her symptoms. However, he did explain the recurrent close links between difficult life experiences and discomforting symptoms. She was permitted to vent her anger and resentment about her situation. Based on the scientific literature, it was decided to continue her HRT for a couple more years. A followup appointment was booked to further explore her stressors and coping options.

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Over the last ten years, more physicians have been attending workshops addressing the middle-age period of the human life cycle.[1] While the promotion of these workshops has likely not changed, something else has. Graduates of the larger medical schools of the late ‘60s and ‘70s have gradually been entering middle age. Parallel to this reality, a corresponding wave of middle-aged “baby boom” patients are now visiting doctors for solutions to their mid-life problems.[2] Doctors seem to be seeking approaches to understanding and assisting these patients, as well as to solving some of their own concerns. This paper provides an overview of the problems and issues of middle age.

The human life cycle is divided into different stages, each accompanied by specific predictable developmental tasks or challenges that a person may face.[3,4] These tasks may be easy and pleasant, or disruptive and painful, depending on one’s age, sex and socioeconomic determinants. Since the 11 developmental tasks for middle age were enunciated just over 25 years ago, it has become clear that tasks may be also influenced by differing cultural practices and by a myriad of personal, family, or lifestyle constellations.[5]

The life cycle literature on middle age started receiving consistent attention in the early 1970s.[6] The nomenclature included mid-life syndrome, mid-life crisis, middlescence, empty nest syndrome, second adolescence, second honeymoon, age of fulfillment, menopause and “the time for being one’s own person.” Literature identified an awareness that the peak years were passing as the body slowed down.[7] A more encompassing vision of middle age would be that it is the period of the human life cycle when individuals are consciously confronted by three distinct life cycle eras—the present, past and future. The present is reflected in day to day challenges, the past is identified with children or other young people, and the future is reflected by what is seen in parents or other elderly people.[1]

What is the age range of middle age? Middle age has traditionally started between 40 to 45, ending around 65. The life cycle may not be linked uniquely to biological determinants, but also to life contexts, life experiences and expectations among different socioeconomic groups. In this case, a bio-psycho-social definition may be introduced including ages 35 to 65, depending on the life cycle developmental task.[8,9] For example, if one’s children are in their late teens or early twenties, the developmental task of dealing with adolescent rebellion could conceivably be experienced by a 35-year-old parent. For a less structured definition, some middle-agers jokingly see middle age as five years older than they are at any particular time!

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Developmental Tasks of Middle Age

1. Adjusting to physical and physiologic changes: In mid-life, people start or increase their doctors' visits for injuries that take longer to heal or for recurrent or worrisome symptoms. Many of these symptoms are reminders of the aging process, including facial wrinkles, graying or loss of hair, reading glasses, and sleep disorders. There may be weight management issues, especially when obesity is linked with food intolerances and diseases, such as coronary artery disease, hypertension, diabetes, dyslipidemias, and joint degeneration. By contrast, a history of anorexia or bulimia in about 4% of Canadian women may be the result of a desire to conform to increasing societal pressures to look thin, which then introduces other imperatives.

Middle age generates unique reproductive and hormonal issues. For some, menopause may represent a welcome relief from the potential for child-bearing risk; for others, there is sadness about no longer being able to bear children; and for a third group, there is regret at having ignored or deferred the reality of the biological clock. Physiologic and psychological symptoms of menopause provoke, in patients and doctors, a need for increased knowledge about the role of hormone replacement for symptom management or disease prevention.

An evolving, parallel literature on male andropause is questioning whether male depression, fatigue, loss of energy, decreased exercise endurance, loss of muscle strength, or decreased libido may be linked to low levels of bioavailable testosterone.

Doctors treating middle-aged people are additionally challenged by patients. Patients are becoming informed consumers, increasing their awareness of a myriad of diet options and exercise regimens, appearance enhancing cosmetic surgery choices and "lifestyle medications" (*i.e.,* botulinum toxin injections, silendafil, *etc.*)

2. Adjusting to the reality of the work situation: Mid-life is often a period for vocational evaluation.

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There may be sadness about not having advanced far enough in career objectives. There may be fear of being replaced by a younger, more capable person. Middle-agers may feel regret about the emphasis on vocation instead of family. Retirement issues will be evaluated. For women who combined motherhood with their career, there may be a fatigue factor derived from a hectic "superwoman" lifestyle. In contrast, for women who deferred their career until later in life, there may be a desire to work harder in order to catch up to friends and colleagues.

3. Assuring economic security for old age: There is an accentuated focus on financial planning. Middle--agers are anxious about planning for future living expenses. They are worried about inflation eroding their life savings and about possible future illness in themselves or family members (with expenses for medication, home care, paramedical services, specialized housing needs, *etc*). Changing taxation structures may affect disposable income, and pensions may not be adequate to meet the need. Premature or forced retirement, job closures or lay-offs may limit personal goals, financial security or desired lifestyle.

4. Helping children leave home and become responsible adults: The majority of grown children leave their parents' homes to pursue an education, a vocation, to start a family, or simply to express or assert their independence. This departure may either leave middle-aged parents with a sense of relief or loneliness commonly associated with the "empty nest syndrome." The children will usually maintain contact with the family for life-cycle and ceremonial events, financial aid, and during crises.[7,10]

5. Maintaining contact with children and grandchildren: The reality of grandchildren touches grandparents differently and affects their comfort in their role as grandparents and the style and depth of their involvement in this role. Grandchildren growing up in other locales may have less contact with their grandparents - who in turn may find this situation difficult to accept. Irrespective of where each child lives, there may be friction between a grandparent and his or her own adult child over common issues in child rearing.[7,11,12]

6. Reorganizing living arrangements: The departure of grown children from the family home may eliminate the need for existing space. Parents may need to move into a smaller home. These changes may elicit emotional loss of property or momentos reflective of past family life together.[7]

7. Adjusting to being a couple again: Emotional and physical intimacy are commonly found in newlyweds. This intimacy may decrease over years of marriage, as children, recreational activities and vocational obligations compete for time.[13] Consequently, the "empty nest" situation may challenge the couple's relationship since the absence of children as diversions may reveal changes in one or both members of the couple. A loss of intimacy may also be accentuated. A challenge exists to re-establish a relationship as a "twosome" by exploring communication and lifestyle needs and patterns. Failure to take on this challenge may lead to quarrels, sexu-

al dysfunction, extramarital affairs and, in some cases, divorce.[7]

8. Participating in the community: In the middle-age period, women, especially homemakers, appear to be more involved in community activities than men.[5] With the recent trend towards both men and women working outside home, there is a concern that community voluntarism will suffer.[14]

9. Ensuring adequate medical supervision for old age: In mid-life, there may be new or growing anxieties about health and aging. The extent of this concern may be related to whether one is a realist, pessimist or optimist. There is generally an increase in doctor visits as a reassurance that there is a medical system in place that can respond to their medical problems.[5,15]

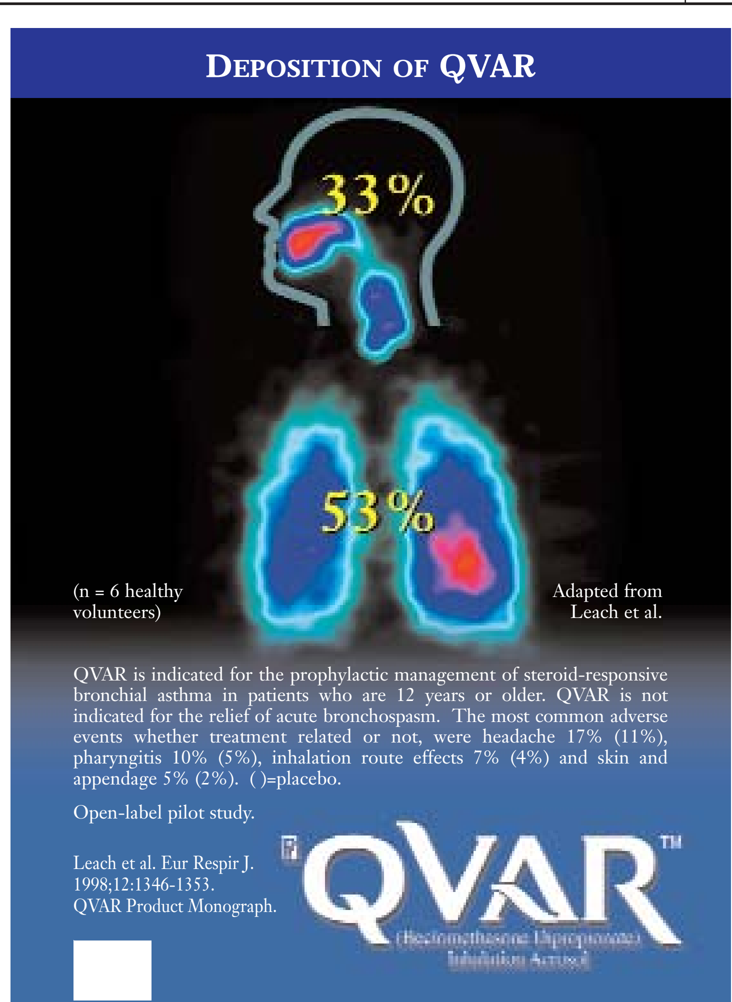
10. Looking after aging parents: Healthier lifestyles, more efficient drugs and improved technology have extended lifespan. Middle-aged people are often torn between the needs of their children and their elderly parents.[16] They assist the latter with food shopping, housekeeping, banking and finance, laundry, bathing and hygiene, transportation, and provide accompaniment to medical appointments, and medication supervision or administration.

Adult children of aging parents may feel burdened and experience negative feelings.[17] For example, caregivers may deny the existence of a physical, mental or social problem. They may be angry about the situation, at the parent for being ill, at themselves for not handling the situation well, at a sibling for not helping out, and at the reversal of the parent-child relationship. Caregivers often bargain with the health and social service system for more care, with family members for help, with spouse and children for understanding, and with themselves over their coping abilities. They may be depressed about the deteriorating health and quality of life of a parent, at the failure to find solutions, and about fatigue and burnout. Eventually, they may be able to accept their situation on emotional and intellectual levels.

11. Affirming the values of life that have real meaning: To successfully handle the developmental tasks of mid-life, patients must gradually recognize their successes (personal, familial and vocational) and accept failures. This acceptance permits greater self-comfort – a condition that may lead to a life-validating process of mentorship, *i.e.*, guiding and leading, whether socially or professionally, a younger person.[18]

Conclusion

Understanding the developmental tasks of middle age can broaden the physician's knowledge base. They will be more informed of the factors affecting their middle-aged patients and be better equipped to diagnose and provide therapeutic options for their patients.



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