

A Guide to Managing Your Health

Japanese American Older Adults



s an older Japanese American person, this resource is for you, whether you were born in the United States (U.S.) or came from another country. You may have higher risks for some diseases because of your genetics, health habits, how the healthcare system treats you, your environment, or immigration status. Health concerns include osteoporosis, diabetes, heart disease and stroke, cancer, tuberculosis, and depression.

When you visit your healthcare professional, let them know about your health needs, cultural beliefs and practices, and questions you may have. Your healthcare professionals need to know this information because they want to give you good care and keep you as healthy as possible.

We will discuss some high-risk diseases among Japanese American older adults, and tips to talk with your healthcare professional about your health.

Special Healthcare Concerns of Older Japanese Americans

Alcohol Use

In the United States, Japanese Americans have higher rates of alcohol consumption than almost all other Asian American groups.

Japanese Americans appear to accept women drinking alcohol more than Japanese people living in Japan. This has led to some changes in health factors. For example, according to some research, pertinent to Japanese Americans, breast cancer risk increases with increasing alcohol intake.

However, drinking too much alcohol as an older adult may lead to higher risks of falls or other

injuries, as well as impact other health conditions you may have. It is recommended that older men have no more than two drinks in one day, and older women have no more than one drink in one day. Drinking less alcohol is better for your health than drinking more.

Cancer

Among Asian Americans, stomach cancer is the 6th leading cause of death and Japanese Americans have a high stomach cancer rate. This form of cancer is the 5th leading cause of death for Japanese women. Risk factors for stomach cancer include smoking,

Special Healthcare Concerns of Older Japanese Americans

ingestion of salt-preserved foods and H. pylori infection, which is higher in Asia than in the US. Japanese older adults born in Japan are at higher risk of H. Pylori infection.

Discovering cancer early leads to better results. So:

- Discuss new symptoms with your healthcare provider. If you don't, cancer can be harder to find and treat.
- Make an appointment with your healthcare provider quickly if you experience any of the following: feeling a lump in your breast; developing new shortness of breath, a long-lasting cough, or coughing up blood; or finding blood in your urine or feces.
- Ask your healthcare provider to screen for cancer so it can be found earlier.

Avoiding alcohol, stopping smoking, and eating a diet low in salt and fat can decrease your risk of getting cancer. So can exercise and having a healthy diet full of fruits and vegetables.

Depression

Studies suggest that the risk of depression in Japanese Americans appears to be lower compared to Filipino Americans and Korean Americans and similar or lower than Chinese Americans. However, this does not mean that Japanese Americans do not become depressed.

Getting older doesn't always lead to depression. This condition can be caused by chemical imbalances in your brain.

Depression is a serious health condition and can lead to other health problems. Symptoms of depression can include:

- Feeling sad, tired, or irritable
- Lacking interest in hobbies and activities you used to enjoy
- Having trouble sleeping or sleeping too long
- Having a poor appetite
- Being confused or having problems with thinking. These symptoms can appear to be dementia.

If you have symptoms of depression, talk to your healthcare professional as soon as possible. Your healthcare professional cares about you and can help you. Remember, family members and friends can also support you as you seek professional help. If you have

thoughts of hurting yourself or others, seek immediate help. Call the suicide and crisis lifeline (988), a national network of crisis centers, or call 911.

Older Japanese Americans who have physical or cognitive disabilities (problems with thinking, learning, and memory) are more likely to have depression. Among this group, symptoms of depression may be more physical. Recognition of depression by health care professionals and Japanese Americans themselves may be affected by variation in depression symptoms, language barriers, and shame related to mental health problems.

Diabetes

Diabetes causes high blood sugar levels and leads to other health problems, including damage to your eyes, kidneys, and heart. Diabetes can get worse if you eat unhealthy food, do little exercise or are overweight or obese.

Compared to native Japanese, Japanese Americans have higher risk of developing type 2 diabetes. Diabetes happens to Japanese Americans who have lower "body mass index" (BMI) than typically seen in white individuals with diabetes.

Among the things that can lead to higher risks for diabetes among Japanese Americans are changes in diet, high body fat, and less exercise.

Talk with your healthcare professional about how to eat healthily, exercise, and take the medications you may need. Some tips include:

- Decrease carbohydrates in your diet, such as white rice, white bread, and pasta
- Eat more vegetables and low calorie foods
- Drink water (preferred) or sugar-free beverages instead of high sugar beverages
- Increase your exercise. It is recommended to exercise for 30 minutes per day, five days a week, but any amount of physical activity is good for your health.

Your healthcare professional will check your blood sugar, blood pressure, cholesterol, and kidney function. You need to check your feet daily and report any skin problems to your healthcare professional immediately. Your eyes should be checked every 1 to 2 years.

Heart Disease and Stroke

Many older Japanese Americans have a high risk for heart disease and stroke. They experience high rates of hypertension-related heart disease which can lead to heart failure. Japanese Americans have higher rates of strokes, primarily hemorrhagic strokes (from high blood pressure). Their risk of dying from hypertensive heart disease or hemorrhagic strokes is greater than White people.

Japanese Americans are more likely to develop high blood pressure, particularly prior to the age of 40, than white Americans. Japanese Americans also are more likely to be taking blood pressure lowering medicines.

Your risk of having a heart attack or stroke is higher if you have high blood pressure, heart failure, diabetes, obesity, smoking, and do little physical activity.

Reducing your risk of having heart disease or a stroke involves:

- Eating foods low in fat and salt.
- Eating lots of fruits and vegetables and little meat and few sweets.
- Limiting the alcohol you drink to one drink per day for women and two for men.
- Getting daily exercise
- Quitting smoking
- Controlling blood pressure
- Taking recommended medications.

Talk to your healthcare professional about how to reduce your risks and follow their advice.

Be aware of immediate risks to your health.

- If you have chest pain and/or shortness of breath, you might be having a heart attack. If so, you need to call 911 or go to the nearest emergency room right away.
- Strokes happen when the brain's blood supply is blocked or stopped, or a weakened vessel ruptures and bleeds. Brain cells can die within minutes. If you have trouble speaking, weakness on one side of your body, severe headache, or loss of vision or balance you need to call 911 or go to the nearest emergency room right away.

Osteoporosis

Japanese Americans on average have lower bone density than white peers. Greater bone loss happens in Japanese Americans born in Japan more so than with Japanese Americans who were born and raised in the United States.

However, bone density standards have historically been based on non-Asian persons. Data doesn't lead to conclusions about whether lower bone density leads to higher rates of bone fracture in Japanese American older adults.

Decreased dairy intake from lactose intolerance and cultural dietary preferences can increase the risk of having lower bone density.

Women older than 65 years and older adults with a history of broken bones need a bone density test to test for osteoporosis. Osteoporosis is a disease that can break bones.

There are steps you can take to keep your bones as healthy as possible:

- Eat foods high in calcium and vitamin D, such as milk (with vitamin D added), yogurt, green leafy vegetables, and fish
- Take calcium and vitamin D supplement pills if you do not get enough from the food that you eat
- Get physical activity for at least 30 minutes a day, most days of the week
- Avoid smoking
- Limit the amount of alcohol you drink to no more than 1 to 2 drinks a day
- There are a few medicines to treat osteoporosis which your doctor can prescribe. These medicines can reduce the chances that you will break a bone.

Getting regular exercise and eating foods high in calcium and vitamin D can help maintain your bone strength.

Preventive Health

PPreventing or discovering disease early can limit damage to your body. Seeing your healthcare professional at least once a year will help you find out about diseases early so that they are easier to treat and you have better results.

Your healthcare professional will discuss preventive healthcare with you. For example:

Special Healthcare Concerns of Older Japanese Americans

- Cancer screenings are important. Some common screening tests are mammograms, prostate exams, and colonoscopies.
- Vaccinations including flu, pneumonia, shingles, and COVID-19 shots can prevent serious infections. If you are concerned about getting vaccinations, ask your healthcare provider for more information.
- Let your healthcare provider and pharmacists know if you take home remedies, herbs, vitamins, or supplements. These professionals can help make sure these remedies are safe to take with your other medications and treatments.

Tuberculosis

Tuberculosis is an infection that spreads easily through the air. Serious symptoms include coughing blood,

losing weight without trying, or sweating so much at night that you need to change your clothes or sheets. You need to report symptoms like these to your healthcare professional right away.

Japanese people have had higher rates of tuberculosis than people in the Unites States. If you were born in Japan after 1951, you likely received a Bacille-Calmette-Guerin (BCG) vaccine. Let your healthcare professional know if you received this vaccine because if they use a standard TB "skin test" to check for TB infection, the test could come back positive even if you're not actually infected with TB.

Let your professional know if you have ever been diagnosed, treated, or been vaccinated for tuberculosis. They may need to offer you treatment.

Communicating With Your Healthcare Team

Your healthcare team can include physicians, nurse practitioners, physician assistants, nurses, nursing assistants, social workers, pharmacists, therapists, and others. Each team member has special training to help you in different ways.

Your healthcare team will want to know about you, your culture, and what is important to you! You will receive the best care by sharing your cultural beliefs and health care practices. These beliefs and practices can affect your health and healthcare treatments. See the Tip Sheet on Cultural Considerations when Communicating with Your Healthcare Team for helpful suggestions.

Note that if you have immigrated to the United States, your immigration history may be an important part of your personal story. If your healthcare professional knows your history, that will let them know if you have an increased risk of diseases that are common in other countries. It will also help your healthcare professional to know how much access you had to health care before coming to the United States. This information can be sensitive, but we encourage you to share this with your healthcare professional.

> We hope this information has been helpful to you. Be sure to let your healthcare providers know if you or your family members have any questions.



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The AGS Health in Aging Foundation is dedicated to improving the health, independence, and quality of life of all older people. We aim to empower older adults and caregivers to actively participate in their health care and decision-making.

DISCLAIMER: This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare provider. Always consult your healthcare provider about your medications, symptoms, and health problems. May 2024

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