



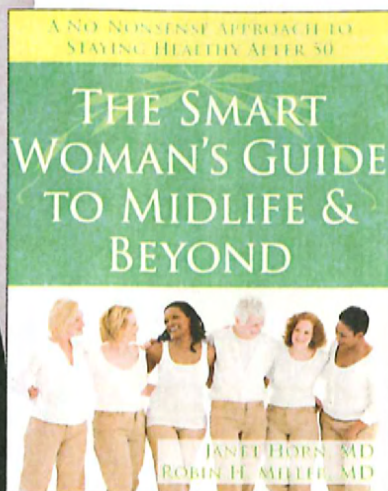
Dr. Janet Horn: her new book was released this fall.

Dr. Janet Horn

Interview by Laura Wexler

Janet Horn and Robin Miller met in 1983 on the first day of orientation for their fellowships at Johns Hopkins Hospital and forged a friendship over conversations about movies, family and work. Twenty-five years later, the two friends are still having great talks—mostly on the phone and via e-mail, because Miller relocated to Oregon—but their topics are less likely to be movies and family and more likely to be menopausal symptoms: aching joints, night sweats and, yes, urinary incontinence while doing jumping jacks or laughing. In other words, the docs are over 50.

During one such conversation several years ago, the two decided to combine their personal experience with aging with their professional knowledge as longtime internists and co-author “The Smart Woman’s Guide to Midlife & Beyond,” which came out earlier this fall. “We wanted to create a book that offered the latest in research and also was sympathetic and personal—and funny, too,” says Horn. “Everything we write about in the book, either one of us has ‘been there.’” *Style* sat down with Dr. Horn, a former faculty member at Johns Hopkins School of Medicine who lives in Mount Washington with her husband and works at Shepherd’s Clinic, a non-profit, inner-city health clinic.



1. Why did you think it was important to write a book about aging just for women—not for people in general?

We wanted to make it really personal, to include our own personal medical stuff and some of our patients’. We both found in our practices that if a patient knew that the doc or health care provider had been through something similar, it made it a lot more real or meaningful.

We see in our practices that women over 50 and 60 look nothing like our parents’ generation. They’re living longer and they’re far healthier.

The downside is that now that we’re living longer we’re also at risk for heart disease and certain cancers where aging is a risk factor. And for some diseases there’s no information specific to women. For years, women were lumped with men in heart disease. Now it’s been found that women can have very different symptoms than men and certain risk factors are more important for women.

2. You could have called your book *The Cougar’s Guide to Midlife & Beyond*.

Absolutely. Someone said to us, ‘You’re pitching to the cougars.’ I said I thought that was when you saw Sophia Loren with a 20-year-old boyfriend. But I guess they’re applying it to all women over 50.

3. You say in the book that your philosophy is like the Dove soap commercials: pro healthy aging. Do ‘anti-aging’ products help women or hurt them?

We both think all the hype about anti-aging foods and skin products is a complete misconception. You can’t defy aging. You can maybe lessen the effects of getting older, which is what we’re trying to do. I think looking younger is a personal choice. In terms of plastic surgery and procedures, just as long as you have reasonable expectations—you just want to look better at the age you are—it can be fine. It’s the women who go in wanting to look 20 that can be disappointed. Robin and I had an interesting talk one night about whether we wanted to be 20 again. Neither of us would. We like the age we are, we just wish our joints didn’t hurt.

4. What’s the biggest unknown in women’s health over 50?

The brain. We in the medical profession have learned a tremendous amount about how the brain works and ages, but it’s such a complicated organ that there’s much more to be learned. We’ve learned that you can actually learn new things and create new pathways in the brain as you age. We’ve learned that something as simple as regular aerobic exercise can improve memory and delay the onset of dementia. I think the one thing women are most frightened about is dementia—they don’t want to be a healthy specimen that can’t be independent.

5. What’s the most important thing women over 50 can do to live healthier lives?

One is to really make taking care of herself a priority. I think that many women, particularly older women, thought that after their family was complete, they didn’t have to take care of their reproductive organs. They stopped seeing a gynecologist and stopped being concerned. You need to keep up with regular screenings and exams. You really have to take it seriously when you have a symptom. And actually, eating well. It sounds old-fashioned, but there are all these studies that show what we eat makes a lot of difference. The other is physical exercise—it has to be as if a doctor has written a prescription for it. Women are so busy taking care of everyone else that they often do the minimal amount they need to do to stay healthy. We’re saying that at age 50, it’s time to put taking care of yourself first. □