

# The Caregiver's

## Home Companion

*"Helping Those Who Help Others"*

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### Upcoming in September

- Balancing Act: Juggling the demands of work and caregiving
- 5 secrets to managing caregiver stress
- Tips for overnight caregivers
- Better nutrition programs for your loved one — and you

### Helpful Hints

## Working with a Professional Caregiver

By Barbara Krasnoff

When we first realized that my father needed more day-to-day care than my mother could provide, it required a big step. Would it be safe to introduce a stranger into the house? How would my father feel, having someone other than his wife help him with his most intimate needs?

We found that having a good professional caregiver could be a wonderful thing, for all members of the family. Patsy was able to talk to my father about politics and world events; she knew exactly when he needed help and when he needed to be by himself. She also became a companion for my mother, helping her with more strenuous activities and providing a sympathetic ear.

However, Patsy was only a part time aide, and as my father's condition became worse, we had to provide care around the clock. As a result, we found ourselves becoming expert in learning to work with a variety of caregivers. Here are a few tips should you find yourself in need of professional help:

### **Be very clear about what you expect from the beginning**

If you are getting your caregiver through an agency or organization, they

will usually send a social worker to your home first to help decide which caregiver would be the best fit.

Speak out about what you want and don't want. For example, a friend of mine needed somebody to help her elderly mother take care of everyday chores that she could no longer handle, such as shopping and cleaning, while my family required an aide whose skills were concentrated on caring for a bedridden patient.

You should also be honest about the type of person you prefer. Your husband

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## The Caregiver's Home Companion

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The Caregiver's Home Companion is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the practical suggestions, advice and tips made in this newsletter have been tested or viewed by an individual or organization involved in caring for elderly loved ones. The Caregiver's Home Companion also strives to obtain the input of educators and researchers from all branches of medical and scientific research. We welcome your comments and suggestions at [editor@caregivershome.com](mailto:editor@caregivershome.com).

# Caregivers Need to Monitor for Peripheral Artery Disease

Doctors are increasingly aware of the danger inherent in peripheral artery disease and its effect on individuals over age 55. Sufferers have a greatly increased risk of heart attack or stroke and of dying within a decade of onset. Yet, alarmingly, two-thirds of those afflicted do not know they have it because they display no symptoms.

Caregivers need to be especially sensitive to this situation as loved ones get older and less mobile. They need to distinguish between a natural slowing down in activity due to aging and the symptoms of advancing arterial decay.

This report also indicates that caregivers should be particularly concerned for older adults who are less mobile as well as outward manifestations such as ulcers and complaints about leg cramps and muscle aches.

A recent issue of the journal, Archives of Internal Medicine, carried a "call to action" to increase awareness of the problem among doctors and the public. In the United States, the disease is estimated to cost \$151 billion in direct and indirect health and medical expenditures over a five-year period.

Peripheral artery disease results from a buildup of fat-laden mass on artery walls, or atherosclerosis. When blood is forced through the narrowed arteries, less oxygen reaches the leg muscles. This leads to a painful condition called intermittent claudication. When this situation involves arteries to the heart, it is called angina.

The authors of the study say that if arteries in the legs are narrowed, then it is likely that a similar situation is happening leading to the heart. Therefore, a higher incidence of heart attack and stroke may occur.

Among the other warning signs associated with peripheral artery disease are discoloration of the legs or feet, foot ulcers that fail to heal or legs that swell and become numb or cold or feel tingly.

Leading factors increasing the risk of developing the condition include smoking, diabetes and advanced age. Other factors include high blood pressure, obesity, elevated blood levels of cholesterol, homocysteine, fibrinogen or glucose, and a history of heart attack or stroke.

The physicians, led by Dr. Jill F. Belch, professor of vascular medicine at the University of Dundee in Scotland, believe that relying solely on symptoms of intermittent claudication is not enough. They recommend a 20-minute screening test called A.B.I, or ankle-brachial index. It uses ultrasound to measure blood flow in the leg above the ankle (see the story box below for a description of the test.)

Among the drugs used to treat patients with established peripheral artery disease are antiplatelet agents (low dose aspirin), clopidogrel (Plavix), pentoxifylline (Trental) and cilostazol (Pletal).

Doctors suggest exercise training to improve heart function and foster the development of additional blood vessels. Using a treadmill in a supervised training program over three months can be very effective, according to physicians studying this problem.

Comments on these findings were made in the Archives of Internal Medicine by Dr. Jonathan L. Halpern and Dr. Valentin Fuster of Mt. Sinai Hospital in New York City. Further information is available at the hospital's websites ([www.mssm.edu](http://www.mssm.edu) or [www.mountsinai.org](http://www.mountsinai.org)) or at the Archives of Internal Medicine website at [www.ama-assn.org/go/internal](http://www.ama-assn.org/go/internal).

## Recommended Test for Peripheral Artery Disease

A.B.I. (ankle-brachial index) tests provide a ratio of blood flow in the leg as compared to the arm of the patient and thereby gauge the degree, if any, of peripheral artery disease.

After measuring blood flow in the arm and leg, a ratio is computed. If blood flow in the leg ranges from 70-90, some mild artery disease is probably present. Readings

from 40-70 indicate moderate disease incidence. Any reading below 40 indicates a severe case.

Doctors recommend the test for everyone 50 or older with diabetes as well as those who are or were longtime smokers and/or have a history of heart attack or stroke. Tests should be performed on the arteries that feed the heart and brain on anyone found to have the artery disease.

# Depression Is A Side Effect Of Medicine

## — So Be Alert to the Signs

By Amelia Fletcher

The signs of depression are not always easy to identify in those we love. They sleep too little or too much. They show weight loss, lose interest in activities they have always enjoyed, and become grouchy. Hopelessness and sadness loom as dark and foreboding as something from the Middle Earth. Is it illness, medication, depression?

The American Association for Geriatric Psychiatry recognizes that depression affects approximately 25 percent of those with chronic illness and is particularly common in patients with heart disease, stroke, cancer, arthritis, Alzheimer's and Parkinson's diseases. To complicate matters, the many medications prescribed for those diseases may often cause depression as a side effect.

The good news is that depression brought on by a particular medicine can almost always be cured without compromising medical treatment by substituting the medication. Once the depression is relieved, other medical issues can be managed.

Dr. Charles Parrott, a retired family medicine physician from Memphis, Tenn., is encouraging: "Today, there are so many pharmaceutical choices. It may take a trial and error of several combinations of medicines before all the health issues are addressed, but it can be done. Don't hesitate to take action."

"Anyone who experiences signs of depression after starting a new medication or a change in medications should immediately visit his or her healthcare provider," he urges.

Once the medical issues are handled, it is time to look at the emotional support caregivers can provide.

"One way to supply support to your loved one is to give of your time," says a family counselor, the Rev. Jody Kranz of Gulf Shores, Ala. "It is important to not always be on the run or so busy with tasks that you can't sit down and have a cup of tea or smell the roses from the garden together. Time

allows the opportunity to talk about the things that might be on the mind of the person you love."

Their worry can be as complex as concern over finances and disease, as personal as the timing of an upcoming marriage of a favorite granddaughter, or as mundane as the menu in the dining room of the assisted living facility. Putting a "name" to their worry empowers both the caregiver and the person to work through a real issue and not struggle with a hazy idea.

**Develop a dialogue with doctors, nurses and home health providers**

Another ingredient in providing emotional support is to be practical and simple.

Friends often express the desire to help. Give them the opportunity to do just that in a guided way.

If Jane makes the best chocolate cake in town and your mom loves that cake, by all means have Jane bring a slice and sit for a visit.

If Grandpa has always swapped jokes with Melvin, then arrange a morning for coffee and a few good laughs. Nurture those lifetime ties of friends and family because they grow into strong support in spite of illness or aging.

Also remember that a hug or a squeeze of the hand from those who care can say, "I love you and care about you" in an especially meaningful way, so be physical.

So often a depressed person cannot and will not make decisions. Think of ways to brighten the day without the need for a decision from your loved one.

Don't ask, "Is there a video you would like to watch?" Instead say, "I've brought this video for us to watch together this afternoon," or "Why don't we play rummy? I brought a deck of cards and a milk shake from the ice cream shop downtown."

Pushing too much too fast can easily backfire, however. "Baby steps" may be nec-

**Timely Tip:**  
Let senior citizens groups contact your parent. Many times your parent will express concerns to them they would not say to you.

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## Napping May Be Good for Your Loved One — Or a Harbinger of Future Cognitive Impairment

In line with the old adage “there is nothing wrong with an afternoon nap,” medical researchers think having an afternoon nap is usually good for an elderly or weakened individual. But that may not always be the case.

What scientists are now focusing on are those individuals, young and old, who fall asleep involuntarily, a condition called Excessive Daytime Sleepiness (EDS).

A recent study targeting EDS suggests the condition may be a risk factor in degenerative mental function (commonly known as cognitive impairment).

Researchers spoke on the telephone with more than 1,000 men and women over 60 who were not living in a nursing home or hospital. Almost 14% reported experiencing excessive sleepiness during daylight hours. In comparing these participants with non-sleepy participants, those with EDS were found to be less able to concentrate, coordinate physical movement, remember information, have an accurate sense of time and to recognize people. These researchers believe EDS should be viewed as a predictor of cognitive difficulties in the elderly.

Researchers suggested that caregivers should be alert for symptoms of EDS and seek medical help in alleviating the condition, thereby helping the individual remain mentally and socially active.

For more information visit the website of the Archives of Internal Medicine <http://archinte.ama-assn.org/pi> or consult your physician.

### **Timely Tip:**

Arrange to have someone garden or rake leaves. These are tasks that many older people find most difficult to do or organize.

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### Listen and rely on your knowledge of your loved one

essay. A caregiver should consider the pace of any activity or, like a stubborn child who will not drink his milk, a loved one might relish the chance to simply say “no”.

Yes, depression is a serious problem, and studies show a direct correlation between the lack of emotional support and further medical problems. Yet with the right combination of medications and strong emotional support from family and friends, depression does not have to be an accepted part of illness or aging.

Amelia Fletcher is a freelance writer experienced in caregiving and can be reached at: [kenboh@gultel.com](mailto:kenboh@gultel.com)

### Resources

“Emotional Support Vital For Elderly Women With Heart Failure.” March 16, 1998 — [www.pslgroup.com/dg/61ED6.htm](http://www.pslgroup.com/dg/61ED6.htm)

“Late Life Depression: A Fact Sheet.” 2002, American Association for Geriatric Psychiatry — [www.aagpgpa.org](http://www.aagpgpa.org)

Van Horn, J. Ph.D., CFLE, Professor, “Caring For Elderly Takes Physical and Emotional Toll,” January 4, 1999. Document Number 285071454. Dept. of Agriculture and Economics and Rural Sociology, Pennsylvania State University, State College, Penn.

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## Older Americans Should Avoid Some Drugs



Older Americans tend to take more drugs than almost any other societal group. They also face special medical challenges as they may have trouble remembering when each dose is scheduled. Failing eyesight and arthritic fingers and hands can also be a factor in taking prescribed dosages.

Many caregivers report their most difficult ongoing task is making sure their loved ones take the proper medicines at the right times. Researchers suggest that caregivers need to be even more vigilant about the medicines being prescribed.

Some drugs can even be dangerous for the elderly. According to researchers, the

**According to researchers, the natural age-related changes that occur in the body can make some drugs too potent for the user.**

natural age-related changes that occur in the body can make some drugs too potent for the user. They point out that the liver and kidneys process drugs less efficiently as the body ages. The digestive systems of older patients are less able to absorb medications and the nervous system is more sensitive.

In fact, some studies have shown that several million over-65 Americans are taking medicines labeled as "inappropriate medications" because of the age and health status

of the users.

### **Timely Tip:**

Arrange a "clean-out" party once a year with all the children and grandchildren. It's a good way to welcome a new season and get the whole family together for a good purpose.

### Among the types of medications that should be carefully screened by caregivers are:

- Belladonna alkaloids with phenol-barbital (Barbidonna, Donnatal)
- Hyoscyamine (Anaspaz, A-Spas S/L, Cystospaz, Symax, Levbid et al)
- Pentazocine (Talwin, Talwin NX)
- Trimethobenzamide (Benzacot, Stemetec, Trimazide)
- Flurazepam (Dalmane, Somnol, Novo-Flupam, Apo-Flurazepam)
- Chlorpropamide (Diabinese, Novo Propamide, Apo-Chlorpropamide)

A complete list is available on the Mt. Sinai School of Medicine (N.Y.) website at <http://www.mountsinaihospital.org/>

## Caregiver's Home Companion Book Review

# A Memoir on Caregiving and How Neighbors Help

Elizabeth Cohen has managed to capture the joy, sorrow, happiness and heartache of caregiving in her new book, "The House on Beartown Road."

In this thoughtful, powerful book she records her own sudden encounter with a problem newly faced by more than 9,000 Americans each day.

Cohen describes her journey to caregiving as a series of sudden jolts. The first when her husband leaves her. The second shake comes when her mother and sister place the caregiving for their husband and father squarely on her shoulders. The third push comes when she realizes the important role her daughter will play in this process.

Having had this triple whammy, Cohen then goes about coping. It is this process that is the heart of the book and which brings so much joy to the reader.

Through it all, Cohen manages to keep her reporter's eyes clear and focused. Not for her a wail of self-pity. Rather, it is the gradual understanding that caregiving is a day-to-day series of events leavened with some sorrow, much understanding and often unexpected help.

A reporter for an upstate New York newspaper, Cohen describes the routines she falls into and the compromises she and her daughter, Ava, make in their lives. It is however, the clever schemes they adopt to help her father remember as the ravages of

Alzheimer's disease take hold that makes the book a worthwhile read for any caregiver in a similar situation.

The New York Times Book Review devoted a full-page to the review of Cohen's book. Perhaps the editors recognized the growing interest by many Americans in finding ways of coping with parental decline. In any event, they have highlighted an extremely worthwhile book.

In its pages, Cohen praises the rural New York environment that created a climate of help from neighbors, many of whom do little acts of kindness without being asked or indeed being seen. For them, shoveling snow and providing hot meals is a part of helping a neighbor.

Cohen devotes some pages to this phenomenon and wonders whether this exists in other environs. Her father was an economist who wrote about the importance of kinship in

rural society. At the end of his life, his daughter needed to bring her father into her home and thereby created a need for kinship. It is nice to know that her neighbors responded. The reader hopes these acts of help are happening in other environs as well.

In sum, Cohen has written a truly worthwhile book for anyone facing or providing caregiving.

*The House on Beartown Road*, by Elizabeth Cohen, 277 pages, Random House, \$23.95.

**Through it all, Cohen manages to keep her reporter's eyes clear and focused. Not for her a wail of self-pity. Rather, it is the gradual understanding that caregiving is a day-to-day series of events leavened with some sorrow, much understanding and often unexpected help.**

### **Timely Tip:**

Compile a list of family and healthcare phone numbers to be distributed to neighbors. It can help in an emergency.

## Working with a Professional Caregiver

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**A skilled professional caregiver can not only help care for a seriously ill relative, but help you learn some valuable nursing skills.**

might prefer a man who can watch the football game with him, while your mother might feel more comfortable with an older person. Let the social worker know.

### **Suggest that the aide come over a day or two in advance**

We found that a lot of problems could be avoided if the aide had a chance to make a brief preliminary visit to our house. First, it helped to make sure that he or she could find the house without getting lost on the first day. In addition, the new caregiver was able to meet family members and become familiar with the layout of the house. Finally, if there was a mismatch, it was often immediately apparent — for example, one aide hadn't been adequately informed about my father's condition and called later to say that she didn't feel she was up to the task, giving us time to find an alternate.

### **Leave a few minutes at the end of the day for discussion**

It's often helpful at the end of the caregiver's shift to discuss how things have gone that day. Were there any adverse reactions to medication? Were the meals prepared properly? This is the time to talk about it.

### **Learn from your caregiver**

A skilled professional caregiver can not only help care for a seriously ill relative, but help you learn some valuable nursing skills. For example, Patsy was able to teach me how

to change a bed beneath a patient who can't be moved, a skill that was invaluable later on.

### **Don't be shy about expressing concerns**

Even with a good professional caregiver, there is going to be a breaking-in period. If you feel that there is anything that is not being done properly, let the aide know, politely but firmly. Everyone will benefit — you will be more comfortable with the care, and the aide will be more confident that he or she is doing what is expected.

And if there is a real problem, don't hesitate to call the agency immediately and ask for a replacement. Unfortunately, sometimes things don't go well — my mother was once sent an aide who told her she was not qualified to make decisions about my father's care. The aide was replaced by somebody much more suitable.

Finding a good professional aide can be a time-consuming and occasionally frustrating process, but it can also be very rewarding. Patsy worked with us throughout my father's illness, and was able, through her skill and kindness, to make things much easier for the entire family.

Barbara Krasnoff is a Brooklyn, NY-based writer and former caregiver who can be reached through an email to [editor@caregivershome.com](mailto:editor@caregivershome.com)

### **Timely Tip:**

If a parent is a good cook, arrange to have their favorite recipes transcribed for a younger grandchild. Then put it in a permanent book for presentation to that youngster.

## **Did You Know ...**

**Having to take many pills is a daunting task for many older people. A pill minder box is one of the best investments you can make.**

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## “How I Cope”

# Long Distance Caregiving Is Stressful, But Manageable

By Jane Claspy Nesmith

In the past two years, I have witnessed the declining health of my parents. My mother is in a nursing home after a brain aneurysm rupture, and my father is disabled and is battling cancer.

What makes this time especially hard for me is geographical distance: I live 600 miles away from my parents. I wish I could be nearer Mom and Dad to help them manage this difficult part of their life with dignity and comfort. I'd also like to support my brother, who lives near my parents, as he helps them with day-to-day living.

I'm not alone in my dilemma. Many Americans find themselves having to assist ailing relatives from far away. After doing some reading and talking to local resources, I found that there are several things that make long-distance caregiving more effective.

Build an informal network in the place where your parent lives. Enlist friends, neighbors, or clergy who are in regular contact with your parents. Make a list of names, addresses and phone numbers, being sure to ask your parents for ideas. Then introduce yourself in a friendly note or phone call, and keep in touch regularly. I discovered that my parents' friends and fellow church members were very willing to stop by and visit—and even to provide hot meals—sometimes without being asked. But with phone numbers handy, we could alert each other to any changes.

Tap into local agencies on aging to find out about helpful community resources. These agencies (whose services are available to everyone, regardless of income) have assessment tools to help determine what sorts of assistance your parent might need. Perhaps your parent can't manage the cooking—the agency can arrange for meals on wheels. Or if your parent needs help with

housework, the agency can find a homemaker to come in and clean. The agency will arrange for any needed services and even conduct follow-up visits.

Make the most of your visits. If you know you're going to be able to travel to see your parents, have a plan for the visit. Phone your informal network and the agency on aging to schedule meetings or visits. There might also be other things you need to accomplish: Do you need to install grab bars in the shower? Planning and phone calls in advance might make this work go smoother. And be sure to spend time with your parent, too. Go for a walk, listen to music together, or just sit and talk. Good pre-planning means more time for a relaxed visit.

Do what you can from home. Long-distance caregivers can also help out from far away. You might offer to do the finances. You can do research on the disease or disability your parent has and pass along the information to others. I've offered to be the official contact person for my parents' church and the agency on aging. Long-distance caregivers can also offer emotional support to their parent—by phone, letters, or e-mail. Mom has said she likes getting my weekly letters. And if there is a local caregiver, be sure to let that person know how much you appreciate what they do.

Take care of yourself. It's easy for a long-distance caregiver to feel guilty, wishing they could do more. If you're feeling very overwhelmed, find someone to talk to about your feelings. A lot of people feel like they're going through this alone, but they don't need to feel that way. There's lots of support available—that's one thing I've certainly found in my research.

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### Resources:

Eldercare Locator Service (to find Area Agency on Aging): 800-677-1116.

Heath, Angela. *Long-Distance Caregiving*. Colorado: American Source Books, 1993. Out of print, but may be available in your local library.

Berman, Claire. *Caring for Yourself While Caring for Your Aging Parent*. New York: Henry Holt, 1996. Has a good chapter on long-distance caregiving.

<http://www.aarp.org/contacts/caregive/longdistance.html> AARP's web page on long-distance caregiving—it lists lots of Internet and print resources.

**Timely Tip:**  
Talk with the police chief of your parent's town about your concerns and tell him about your parent's condition. He'll often offer to keep a watchful eye.

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**“Publications that Care”**

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