

The Caregiver's

Home Companion

"Helping Those Who Help Others"

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This Month Online

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- Patient Lift Used for Elderly Recalled
- Quick Test Can Aid in Alzheimer's Diagnosis

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Demystifying Powers of Attorney A Primer for Caregivers and Their Elderly Alike

By Howard F. Angione, Esq.



Editor's Note: *Power of attorney. The phrase is often heard in caregiving circles, but is it well understood? Can a caregiver navigate through the meaning of the term and its related vocabulary, and will you, as caregiver, know how to coach your loved one into and through the process? Attorney Howard Angione sheds light on the topic for caregivers and elderly alike.*

Who should an elderly person name in the key role of "agent" when signing a power of attorney?

The core answer is that the choice should be someone the person trusts. The agent named in the typical durable power of attorney is authorized to act for the "principal" – the elderly person, in this case — immediately, and the powers given to the agent cover a wide variety of actions, including the authori-

ty to sell property and spend money. Even the agent in a so-called "springing" power of attorney has the same broad range of authority, although it does not take effect until a doctor certifies that the principal is no longer capable of acting.

Of course, if the agent later abuses the authority given in the power of attorney, lawsuits can be filed in an attempt to regain improperly spent funds or reverse improper transactions. But this is a long and costly process, and it is likely to be complicated if the principal is no longer able to press the charges.

Under normal circumstances, the logical choice for an agent is the adult child of an elderly individual. Although there are exceptions, it is generally not wise for individuals to give a power of attorney to someone who is not related to them by blood. Even if the potential agent is the spouse of one of the chil-

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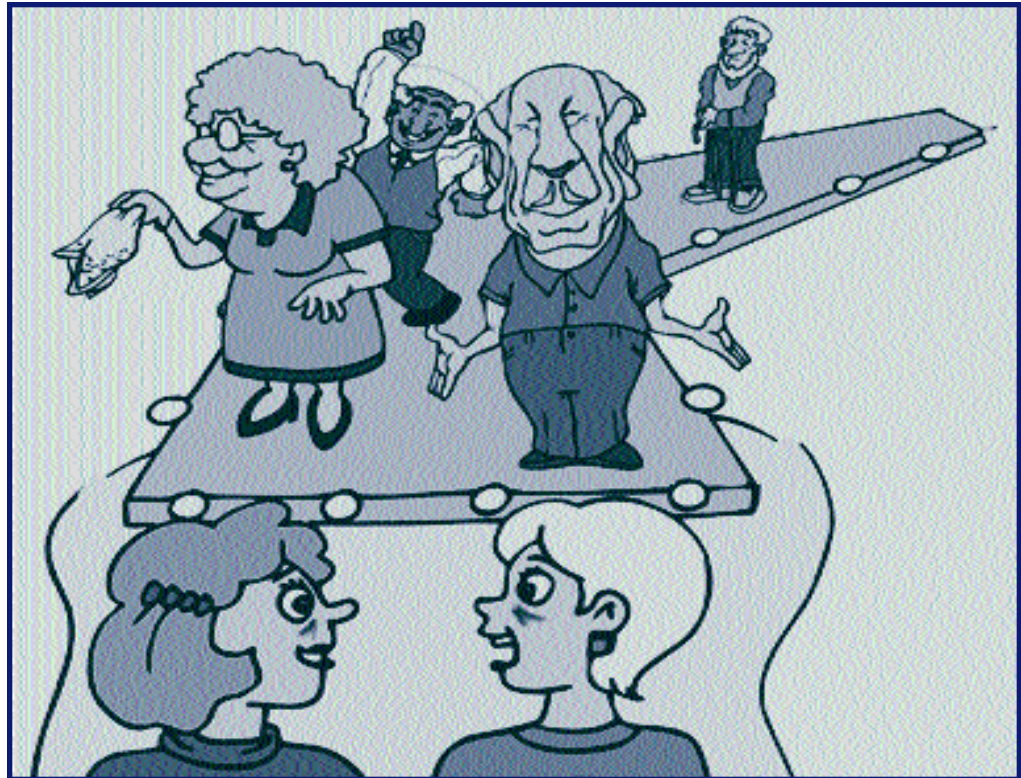
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The Caregiver's Home Companion is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the practical suggestions, advice and tips made in this newsletter have been tested or reviewed 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 in all branches of medical and scientific research. We welcome your comments and suggestions at editor@caregivershome.com.

Clothing Tailored for Conditions

Being Elderly and Ill Is No Reason Not to Be Comfortable and Fashionable

By Paula Sanders McCarron



Remember the days of pet rocks, lava lamps and disco fever? Back in those days of the late 70's and early 80's, I was working in nursing homes in Massachusetts. Part of my job as an activities director was to arrange for "fashion shows" for the residents who often were in need of adaptive clothing due to a variety of illnesses and conditions including arthritis, incontinence and stroke.

Sales staff would bring in trunks, cases and racks of clothing meant to be user-friendly for people who were dealing with problems such as limited mobility, bladder and bowel control or who were seated for most of the day in wheelchairs or recliners. The clothing selections were pretty much limited to floral-splashed dusters trimmed with Peter Pan collars, durable polyester slacks in practical tones of dark brown and navy, and sturdy slippers thinly disguised as shoes.

Just as our lives have been changed by the introduction of microwaves, cell phones and computers, there have been

major advances in adaptive clothing and adaptive devices to make elderly dressing and getting around easier. Clothing choices for caregivers and the elderly they buy for have moved beyond frumpy to include cargo pants and designer T-shirts.

Examples of adaptive clothing and devices currently on the market include dresses and shirts with offset buttons to discourage people with Alzheimer's disease from undressing at inappropriate times. Other clothing choices come with strips of Velcro placed beneath cuffs or underneath false buttons on shirt fronts to give the appearance of "off the rack" styling. Back-cut and back-wrap dresses, robes and skirts allow for comfort and provide adequate covering when standing or transferring.

Want to wear jeans but concerned about pressure sores? Don't worry. You can find jeans designed with no back pockets, no rivets and extra flat seams. Cargo and capri length pants give style with the advantage of large pockets making it easy to carry need-

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“How I Cope”

Adult Day Care is the Answer, But How to Arrive at the Answer!

By Jacqueline Marcell

After giving up my career as a television executive to take care of my elderly parents — and get control over my extremely rebellious father — I was urged to enroll my parents in an adult day care program. “Adult Day Care” — I had absolutely no idea what that was. Maybe a glorified nursing home? I soon would find out.



Even though my parents were still together after 58 years of marriage and continued to live in their own home with full-time care, I didn't realize they needed much more daily stimulation. At home, they would want to sleep all day, and then my father would be up all night wreaking havoc, making everyone miserable.

The Alzheimer's Association helped me understand how important it was to give them something to do outside of lying in bed 23 hours a day just “waiting to die.” OK, but how in the world was I going to get them to consent to go there?

My father fought me about it for weeks, yelling that he would not go. “NO! Nooope! Not going! Just forget it!” he'd say. To make his point, he refused to take a shower or change his filthy coveralls for more than a week.

I insisted repeatedly that they go and finally got my parents there for their first day. My mother loved it, but my father was completely repulsed and tried to sabotage it. The day care staff kept trying to separate them because he wouldn't leave her alone, holding on to her too tight and touching her inappropriately. Then, he threw his lunch on the floor in a raging top-of-his-lungs temper tantrum. They still wouldn't let him be with Mom, so he went into the bathroom and tried to escape out the window. When he couldn't get out, he came out of the restroom with his coveralls unzipped to expose himself, then he even messed in his own pants. He threw another

swearing temper tantrum when they made him sit away from everyone because he smelled so bad.

Was I Ready for This?

Four hours later, when I arrived to pick them up, the social workers were completely exhausted and fed up with my Dad, saying that he could not return because he was so disruptive.

Well, it took months — and it was no small feat — but with lots of trial and error, we finally got my father to accept the routine of going to adult day care. No one was more surprised than I when my parents became such shining success stories, progressing dramatically in their behavior and strength. They became better than they'd been in many years, and they would sleep peacefully through the night, which was a blessing for everyone. The morning brought daily excitement to see the shuttle and their favorite driver pick them up to go see all their friends. They finally had someplace to go, friends to see, and fun activities to do.

If I Only Knew Then What I Know Now

What I didn't understand before this experience was that any kind of change can be terribly frightening for elders. Had the day care staff taken a little extra time to help me know what to do and coach me how to do it,

Timely Tip:

As caregivers balancing multiple tasks and relationships at the same time, we lead very busy lives. When we're lucky enough to have a caregiving break, we need to be sure our “relief” caregiver is up-to-date as we head out the door. One surefire way to keep someone up-to-date and for you to be able to refer back to what happened a day or two ago is to keep a running log of what has happened or changed with the care for your loved one. Scribble in the log whenever you can and be sure to keep the log handy and near your loved one.

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Adult Day Care is the Answer

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we could have made a very difficult, scary transition happen with a lot less aggravation.

First, I'd have Mary, the social worker, call my father a few times and develop a relationship with him over the phone. Then I'd have her "drop in" to say hello because she was "in the neighborhood." Then, after taking my parents out to a relaxing lunch, I'd casually drive by the day care center and say, "Oh, look where we are! Why don't we drop in and say hello to that nice gal, Mary, who was so sweet to stop by the other day?"

I'd have an appointment already set up so we could take a tour and meet the rest of the staff and other seniors. Then, a few days later, I'd go with my parents to lunch at the center and help the social workers make them feel comfortable. I'd go with them as many times as needed until Dad felt safe.

Yes, a gradual transition would have saved us all a lot of heartache!

Adult day care administrators and social workers can make a huge difference to first-time caregiving adult children and spouses who are unaware of how to handle all the eldercare issues they face. Had I been told

that all the activities would tire my parents during the day so they'd sleep through the night, I'd have tried to get them to day care much sooner. It seems obvious to me now, but at the time it just didn't occur to me.

Now I tell everyone who struggles with managing their elderly loved ones about the tremendous value of adult day care. I smile each time I hear the same reluctant response: "They would never go there, Jacqueline." With a little extra effort from caregiving professionals, who can so easily educate and comfort, a significant difference can be made in the lives of the elderly patients — as well as their overwhelmed caregivers.

*Jacqueline Marcell is a former television executive, who after the experience of caring for her elderly parents became an author, publisher, radio host, national speaker, and advocate for eldercare awareness and reform. She is the author of *Elder Rage, or Take My Father... Please! How to Survive Caring For Aging Parents*, a *Book-of-the-Month Club* selection, and can be reached at j.marcell@cox.net.*

Timely Tip:

Our elderly become very comfortable with their same pattern and routine. This extends to keeping the same doctors. But what happens when the doctor moves or retires and Mom or Dad need to visit a new doctor? You can make the switch easier if you make back-to-back appointments for you and your parent with your own doctor. Chances are good that your parent will go to your doctor, with you, much more readily than encountering a totally new doctor "alone."

What Every Caregiver Should Know

Meeting the Challenge of Specific Nutrition Diets for Different Conditions in the Elderly

By Sharon Palmer, RD

Providing nutritious meals for an elder may be one of the most challenging, yet important aspects of care that you can provide every single day.

There are a plethora of barriers to good nutrition that might cross your path, like poor chewing and swallowing, depressed appetite, medications that interfere with eating, poor digestion, constipation, food intolerances, depression, and confusion. And as if these challenges were not great enough, chronic diseases common in the elderly may make the task of providing nutrition to your loved one even more challenging.

Up to 85% of the elderly suffer from at least one chronic disease, one-third requiring special diets because of them. A host of diseases that require special dietary considerations are more common among the elderly, including diabetes, cancer, heart disease, high blood pressure, stroke, osteoporosis and arthritis. As we age, kidney and liver function may decline, possibly

imposing additional dietary restraints upon the daily program.

Since many elders are at nutritional risk to begin with, further restriction of the diet calls forth more opportunities for poor nutrition. After all, it may be hard enough to get three balanced meals down your loved one without taking away the saltshaker or the sugar bowl from the dining table. Try to avoid making any unnecessary dietary restrictions so that the widest possible variety of foods of all major food groups may be consumed.

If a nutritionally compromised elder becomes diagnosed with a chronic disease, all factors must be considered before deciding what sort of diet might most benefit them. That nightly ritual of vanilla ice cream might be more beneficial due to its supply of calories and protein than possible health concerns.

In some cases, individuals have been hear-

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Challenge of Specific Nutritional Diets

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ing messages about reducing fat, cholesterol and sodium for decades. And now that they may desperately need the calories and protein from nutrient-rich food sources, they may be placing unnecessary dietary restrictions upon themselves by avoiding foods like meats, dairy products and casseroles.

Perhaps an elderly woman avoided calorie-laden foods her whole adult life while “watching her figure,” but now that her weight totters below a healthful range, she



may no longer resist eating high calorie foods. On the other hand, some individuals may consume meals better when they are presented with a diet that is familiar to them. It's essential to remember that the dietary goal of each elder should be individualized to their needs in a particular window of time.

Diets for Diseases in the Elderly

Type 2 diabetes occurs in 18-20% of people over the age of 65 in the United States. Although there is debate regarding the best way to manage diabetes in the elderly, the fact remains that good glucose control may help avoid or delay complications. Diet, exercise, and a healthy weight are cornerstones of diabetes treatment. Depending on the overall health condition of the individual, glucose control and medication, a balanced diet with consistent portions of foods from the major food groups throughout the day with an emphasis on plant foods is generally the best dietary plan for treating diabetes.

Cancer can cause many nutritional deficiencies in the elderly. Between 20% and 40% of all cancer-related deaths may result from poor nutrition rather than the cancer itself. Protein and calorie malnutrition are common side effects of cancer disease and treatment. Site-specific cancers may directly interfere with nutrition, from difficulty eating to poor digestion. The goal of nutrition during cancer is to maintain a healthy weight, address poor appetite, and preserve the quality of life. This may require many imaginative strategies, such as nutritional supplements to tackle poor appetite or soft,

moist foods to glide down a dry throat. Monitoring the intake and weight are essential, reporting changes to the healthcare provider as they occur.

Managing heart disease in the elderly poses many questions. Lowering saturated fat and cholesterol in the diet is aimed at reducing the long-term risk of cardiovascular disease. There is little research directed at the benefits of lowering cholesterol levels

through dietary intervention for healthy people over the age of 65. Recent studies have suggested that blood cholesterol levels are poor indicators of heart disease in the elderly. It may be wise to discuss any fat and cholesterol restrictions with the healthcare provider before they are instituted, but if a well-nourished elder prefers these food choices and they do not interfere with the total dietary intake, it may be appropriate to continue this eating pattern.

Hypertension and Low Sodium Diets

Hypertension is almost ubiquitous in the elderly population, and low sodium diets are nearly just as common. Much discussion has surrounded low sodium diets and whether they are really effective in reducing blood pressure. A recent trial indicated that sodium restriction can substantially reduce blood pressure in the elderly. One of the easiest methods of lowering sodium intake is to remove the saltshaker at the table and in the kitchen. Most recipes can be prepared without salt. Salted, cured meats and cold cuts, processed foods, canned soups and vegetables, salted crackers and chips, pickles, and condiments are usually very high in sodium.

Osteoporosis brings a high risk of fractures to the elderly population, and the death rate associated with an osteoporotic fracture is as high, or higher, than other common diseases that affect elderly women, like heart attack, stroke and breast cancer. Not just an elderly women's disease, 1.5 million men aged 65 or over suffer from osteoporosis. One method of treating the disease is by

Timely Tip:

Spring is in the air and the time is right to think of new ways to brighten your elderly loved one's days. Birds always capture one's imagination, especially among the elderly who spend considerable time sitting and watching. Place bird feeders in visible locations around the yard, deck or patio and even attached to the outside of a picture window to make it easy for your parent to enjoy the birds returning in the spring. This can be very therapeutic for them – and for you too!

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Comfortable Fashions for the Elderly

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Boutiques can be more expensive but they also offer personalized shopping assistance and may be able to handle alterations.

Timely Tip:

Certain diets, constipation, gas and ill-fitting dentures can each adversely affect an elderly person's ability to eat well or even be interested in eating at all. You can help your loved one stay on the right eating track by following these suggestions:

- Have them drink 7 or 8 glasses of water daily to avoid dehydration.
- Identify the time of day your loved one tends to eat best and give them an especially nutritious meal at that hour.
- Share meals and table conversation with your elderly.
- Serve food that tastes good by adding spices, herbs and other flavorings.
- Serve small, frequent meals.
- Have your loved one remain sitting upright for at least an hour after eating to allow proper digestion.
- Involve softer foods like cottage cheese, yogurt, casseroles and very soft or canned fruit in their diet.

ed personal items or medical supplies.

Want to cover a leg bag or a catheter? Choose pants made with extra leg room. If your loved one sits for extended periods of time, you might look for "sitting pants" or jackets which are cropped in the back to avoid the bunching of fabric. Some pants open completely flat to allow for easier changes and self-dressing.

Elastic bands, button hooks and Velcro strips are alternatives for those who can no longer manipulate buttons, clasps or snaps. Wrist or finger loops can be attached to skirts and pants as aids. Shoelaces are troublesome for many but can be replaced by elastic ties or Velcro closures. Socks can be maneuvered with a gadget that functions in much the same way as a shoe horn. And if you need two different shoe sizes, back opening shoes or only one shoe, there are places waiting to fill your order.

Carolynn Weinert, a former nurse, owns a home-based business, Specially for You (www.speciallyforyou.net), which offers custom designs for people with adaptive clothing needs. "Our two most requested items are 'sitting pants' and capes for people who use wheelchairs. No matter what I make, I almost never do a pattern as it is. I do all the cutting, and nothing is cut or sewn before it is ordered."

She says most of her orders come through her website. "I've got East Coast buyers and international buyers. But it is a constant struggle to know how to best reach the people who are looking for our products. So many people are not on the Internet, especially the elderly."

"There are fabulous products out there," says Shelley Peterman Schwarz who was diagnosed with multiple sclerosis in 1979. Schwarz is a wife, mother, advocate and motivational speaker living in Wisconsin. She agrees with Weinert that the "biggest problem is not the lack of resources" but rather that people don't know how to locate what is available.

To help address the problem, Schwarz has written a consumer handbook titled,

"Dressing Tips and Clothing Resources for Making Life Easier" (The Attainment Company, 2000). "But there is no getting around it, there is extra cost and time involved in all of this. Long distance phone calls, choosing fabrics, shipping charges, time delays and waiting for orders to be filled are all hurdles. It takes longer to get what you need. It requires more planning to get what you want. And there are glitches. But I tell people it's all worth it. When you look good, you feel better."

So, how can you find what you need to help a loved one to look good and feel better?

Schwarz runs down a number of sources including retail stores, catalogs, the Internet and boutiques. Boutiques can be more expensive but they also offer personalized shopping assistance and may be able to handle alterations. Local or state chapters addressing the health concerns of people coping with specific illnesses or conditions may good resources. The staff, volunteers and support group members may be able to suggest local sources, or the organization may have a lending library of specialty catalogs.

Other options include custom orders or doing one's own sewing with patterns designed expressly for adaptive clothing.

Schwarz says consumers need to speak up about their needs if they want to see changes in what is available. She summarizes the situation by saying, "The market will produce whatever people will buy. We need to let businesses know we are looking for solutions and once they see how many of us are looking to buy adaptive clothing or any adaptive item, the businesses will step up to fill the need."

Paula Sanders McCarron is a writer and poet living in Anchorage, Alaska. She has more than 20 years of experience in healthcare, including nursing homes, hospice and homecare and can be reached at psmcustomcpu.com.

We're on the Web at: www.caregivershome.com

Demystifying Powers of Attorney

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dren, there is always a risk of later family discord and misunderstanding, particularly if an unanticipated event such as a divorce occurs. Although a power of attorney can be revoked, it can be too late if the principal has lost the mental ability to do so or to execute a new document.

When choosing among the children, there is a natural tendency to name the oldest child, but this is not fixed in stone. The proximity of the agent also should be considered. If the parents live in New York and the oldest child lives in California, the logical choice is a younger child who lives near the parents.

When several children live nearby, the next question is who has the most time available to act on behalf of their mother or father. A daughter who has a flexible daytime schedule for chores such as visiting banks may be a better choice than an oldest son who works rather inflexible 9-to-5 hours.

Another option may be to name more than one of the children. When this is done, the elderly principal then has the option of specifying whether any transaction must require the signatures of both agents, or whether each agent may act individually under the power of attorney. The dual-signature approach makes sense if there is concern about the ability of either agent to act wisely if entrusted with sole responsibility. Dual agents can be a logistical problem, however, because the requirement that both agents sign all checks and other documents can become quite a burden. The either/or option makes sense when both individuals are comfortable with one another and the elderly principal wants to give them maximum flexibility in the unknown future.

To minimize the possibility of family discord, it is always best to involve as many of the children in the process as practical. The typical power of attorney provides not only for a "primary" agent or set of agents, but also for one or more alternates who can act if the primary agents are unable or unwilling to serve at some future time. Thus, a younger child may be named for this backup role, or it might be the oldest child who lives thousands of miles away and would need to step forward if circumstances changed.

When a husband and wife are making decisions about a power of attorney, the common practice is for the wife to name her husband as the principal agent, and the husband to name his wife. Here, a backup agent becomes critical. If the husband's health is the first to fail, his wife can step in, but if she later becomes ill or dies, the advantages of advance planning will be lost if no backup agent has been named.

The common practice is for the wife to name her husband as the principal agent, and the husband to name his wife. Here, a backup agent becomes critical.

Although powers of attorney can be prepared without the assistance of a lawyer, the better approach is to have a lawyer involved. An attorney specializing in elder-care issues will be conversant with special powers that should be included in the document. In addition, a power of attorney that was prepared by, and probably notarized by, an attorney is often accorded more credibility if a legal question arises about its validity. This may be especially relevant if the power of attorney must later be used to sell property and the title company wants to be comfortable that the document is not likely to be challenged.

Another advantage of consulting an attorney may simply be the opportunity it provides for the elderly parents to have a discussion that sorts out their needs and objectives. And if all or most of the children participate, it helps to assure that there is good communication among family members. The vast majority of problems that later arise with powers of attorney can be traced to a lack of communication when the parents made their initial decisions. A simple statement by a parent to the effect that "I love you, but you live a long way from us" can go a long way toward avoiding a later charge that "You tried to pull a fast one with Mom and Dad while I was out of town."

Howard F. Angione is an elder law attorney in Queens, New York, and the editor of publications on guardianship and trusts and estates. He also is a member of the executive committee of the Elder Law Section of the New York State Bar Association and serves as editor-in-chief of the bar association's magazine Journal. He can be reached at angione@nyelderlaw.com.

In the News

The incidence of dry eye syndrome is especially high among the elderly and can be the source of great discomfort if not treated effectively, according to a study published in the March edition of *Archives of Ophthalmology*.

Left untreated, the irritating condition can adversely affect an elderly person's habits, including diet and medication use, researchers at the University of Wisconsin Medical School said. Dry eye syndrome can be associated with rheumatoid arthritis, thyroid disease and other autoimmune diseases.

Researchers pointed to the effectiveness of angiotensin-converting enzyme (ACE) inhibitors in avoiding the condition. "Some drugs, such as diuretics and antihistamines, are associated with increased risk for dry eye, whereas ACE inhibitors are associated with decreased risk," they wrote.

Challenge of Specific Nutritional Diets

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Timely Tip:

If eye care is an issue for your loved one, see if they qualify under Medicare for annual glaucoma testing. The program covers testing for Medicare participants who are judged at high risk for glaucoma.

People with diabetes and those with a family history of the disorder are among those covered by this provision. For specific answers on glaucoma testing qualifications, call Medicare at (800) 633-4227.

It's important to discuss any disease conditions and dietary restrictions with the healthcare provider, so that the benefits can be sufficiently weighed against possible negative nutritional intake.

making sure that an ample supply of calcium and vitamin D are present in the diet. Boning up on dairy products, such as milk, cheese, yogurt, ice cream, and pudding can provide supplies of calcium. Nondairy calcium sources include fish with bones, calcium-fortified foods such as orange juice, soymilk, and some green leafy vegetables. Sunlight and vitamin D-enriched products can offer supplies of vitamin D.

Kidney failure is rising, doubling in the United States in the past 10 years, with many cases occurring in the elderly population. The kidneys decrease in size and function during the aging process, which may lead to reduced kidney function. Dehydration can further aggravate kidney function. When an individual is diagnosed with kidney disease, they may be placed on a special diet that

may limit protein and certain minerals.

It's important to discuss any disease conditions and dietary restrictions with the healthcare provider, so that the benefits can be sufficiently weighed against possible negative nutritional intake. Contacting a registered dietitian in your community (www.eatright.org) may help you develop a nutrition plan to manage their disease and individual health goals that you and your loved one can live with.

Sharon Palmer is a registered dietician and writer who has managed healthcare food and nutrition departments for 16 years. She is a member of our Board of Experts in the Ask an Expert section of our website and can be reached at spalmer952@earthlink.net.

The Caregiver's Home Companion

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Upcoming in April

- You've been a caregiver nonstop for a number of years and then suddenly you're not, as the loved one you cared for dies. How to deal with the grief of loss and readjust your life to some semblance of normalcy.

- Respite care for caregivers. The phrase is used often, but what is respite care, why is it important and how do you find it?

- The unique path of an only child as caregiver. The route may be familiar to all caregivers, but the path can be lonely and daunting without siblings and other core family for support.

- How I Cope: A first-person account of how to survive life's game of "Tag! You're It!" when you suddenly become a caregiver under the same roof with the senior you care for.