

The Caregiver's

Home Companion
"Helping Those Who Help Others"

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Caregiver Alert

Watch and Listen for the Warning Signs Of Suicide Among Our Elderly

By Paula Sanders McCarron



This Month Online

What passion does Sylvia Nissenboim of St. Louis, Jean Donahue of Granger, Iowa, and Bob Scott of New York City all share?

They all want to help you through your caregiving challenge with useful advice and insight in their weekly online columns. And they do it in different ways:

Sylvia's *Professional Caregiving* column appears every Wednesday and gives you an eye-opening view of the professional world of caregiving. Sylvia's busy life as a professional caregiver gives her an in-the-trenches perspective and wisdom which she shares with you.

Jean's *Practical Caregiving* column turns up every Monday morning, filled with practical advice and experiences on how to lessen the day-to-day caregiving burden. Jean has been a family caregiver four times and knows the shortcuts as well as where to find answers.

And in our most recent column addition, *Spiritual Caregiving*, Editor Bob Scott of *Spirituality & Health* gives you fresh and inspiring thoughts from the pages of his popular magazine, always written and edited with the modern caregiver in mind. *Spiritual Caregiving* appears each Friday for a boost to get you through your weekend.

You'll also find an archive of all their columns online at our site, www.caregivershome.com. We hope you'll visit often.

The highest rate of suicide in the United States is not among our teens or young adults, it's among our elderly. In fact, someone 65 or older commits suicide nearly every 90 minutes in this country. As caregivers, this alarming statistic gives us pause to consider, "Who is at risk for committing suicide, and what should I be looking for to prevent it?"

Men commit nearly 80% of all suicides by people over 65. Those who are single, widowed, separated or divorced are more likely to commit suicide than those who are married.

Social isolation, alcohol or substance abuse, the presence of multiple illnesses, and depression increase the risk of suicide. So does living in a rural area.

And the suicide tactic of choice? Among the elderly, firearms are the most common method for men and women alike.

As important as it is to know these chilling facts, it is equally important to know the myths surrounding suicide. "One of the most common myths is that if an individual says he or she is thinking about suicide then that means he or she won't do it," says Dr. Yeates Conwell, a leading authority on the topic of elderly suicide. "Another common myth is if someone wants to take his life then there's nothing anyone can do to keep it from happening."

According to Dr. Conwell, who is attached to the University of Rochester Medical Center in New York, both of these statements are false. An individual who is thinking about suicide may still be struggling with the idea of taking his or her own life.

In those situations, a friend or family member who shows concern may make the difference between life and death.

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Making Good Decisions

Anticipating Health's Darker Days with Written Plans Makes Medical Decisions Clearer When Needed

By Howard F. Angione

All of us cling to the desire to make our own medical decisions for as long as we can, but we also must be realistic enough to realize that the day may come when our fate will be in someone else's hands.

If that person is someone we know and trust, the decision is likely to be very close to what we would have decided ourselves. If it is not, the results may bear no resemblance to our wishes.

Specific legal standards vary among the states, but some basic principles apply. Absent any other instructions, a doctor or a hospital will generally take the most aggressive measures practical to prolong the life of someone who is unable to articulate what he or she wants.

Medical professionals will generally take less aggressive measures only if they receive good evidence of what that person wanted. In New York state, for example, the court-articulated standard requires "clear and convincing evidence" of the person's desires. Although this standard is slightly below the "beyond a reasonable doubt" showing that is needed to convict someone of a criminal offense, it is substantially higher than the mere "preponderance of evidence" that is typically satisfactory for a contract dispute.

In New York, an example of the "clear and convincing" threshold was provided in a court case where the family of a man wanted him to remain on a respirator. Numerous colleagues who had heard him lecture on the subject testified, however, that in the lectures he had said that he would not want to be kept alive by artificial means. The court ruled that heroic efforts to keep him alive were not warranted.

Unfortunately, the lecturer had failed to

execute a "healthcare proxy" (known in some states as a "healthcare surrogate appointment" and in others as a "healthcare power of attorney") giving someone else the authority to make decisions for him. If he

had done so, there would have been no need for a court hearing. By statute in New York state, the agent named in a healthcare proxy has the final word on medical procedures to be followed if someone is unable to tell doctors personally what he or she wants in terms of medical treatment.

Another option in many cases is a "living will" (known in California as a "declaration concerning life sustaining treatment") in which someone attempts to anticipate beforehand various types of medical decisions that might need to be made in the future, and then provide direction on what should be done. The difficulty is that it is seldom possible to anticipate exactly what may happen in the future.

If the directions appear to be relevant to the situation, medical professionals may accept them as clear and convincing evidence of what should be done. If the actual situation is not clearly similar to conditions anticipated in the living will, however, the resulting uncertainty may lead medical professionals to conclude that aggressive treatment should be chosen.

Another advantage of a document such as a healthcare proxy is that it clearly identifies a decision-maker who has authority to act in what could be an emergency situation that is not conducive to interpreting the terms of a complex written document.

There is a popular misconception that med-



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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 other 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.

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For Caregivers and Their Elderly

Maintaining a Healthy Weight – Avoiding Excessive Weight Gains or Losses With a Healthy Diet

By Sharon Palmer, RD



For the caregiver, each day's endless stream of juggling medications and care for a loved one is usually squeezed into a day packed with caring for one's own family and career. Among the many tasks that must be accomplished each day is nourishing the body. But when time is short, it is often easier to grab a candy bar to quell hunger than it is to sit down to a wholesome meal. At that point, balanced meals become a fleeting thought.

Sometimes eating on the run can make the scales tip either way. When regular meals are frequently replaced with high calorie, poor nutritional-quality snack foods, the net result may be a weight gain and poor nutritional intake. In other cases, skipping meals in place of a bite here or there can result in detrimental weight loss and poor nutritional status for the caregiver. Since 46% to 59% of caregivers are clinically depressed, weight changes are not uncommon.

Maintaining a healthy weight is an important part of an individual's physical condition, as maintaining a desirable weight range has been

identified as one of the primary health recommendations for preventing chronic disease by such organizations as The American Dietetic Association, The American Heart Association and The American Cancer Society.

Under the same roof, the caregiver's elder may be experiencing a barrage of circumstances that affect their weight. Depression, medications, disease conditions, decreased mobility, taste alterations, poor dentition, and difficulty swallowing are all conditions that may prevent your loved one from maintaining a nutritious diet and a healthy weight.

Even though it is more common to battle weight loss in the elderly, some may fight depression by taking solace in food, sneaking into the cookie jar for a between meal fix. Excess weight gain in the elderly may be undesirable for a number of reasons including limited mobility, skin condition, and disease complications.

Both the caregiver and the one cared for may be battling the bathroom scale. Here are some suggestions for maintaining a healthy

Timely Tip:

Minimize the time and stress associated with making the myriad of phone calls you make on behalf of your loved one by following these suggestions:

- Eliminate interruptions by calling during your loved one's nap time.

- Keep a notepad and pen with you to log questions as you think of them and to be sure they are answered when you call.

- Keep your patience and be polite – not always easy when dealing with some government, insurance or other highly-structured groups. By all means, don't raise your voice.

- "Connect" with the person on the other end of the line by making sure they understand your purpose in calling – and admit you need help with a topic if that is the case.

- Be assertive but not aggressive by asking to speak with a supervisor or manager if your questions are not answered adequately.

- Be sure you say "thank you" before hanging up.

Sounds simple and natural, but call recipients say this courtesy is too often forgotten.

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In The News **Aspirin Not for Everyone**

That low-dosage aspirin you or your loved one takes to ward off heart attacks and strokes may not do the trick. What's the problem? It may be you.

More than 20 million Americans take aspirin regularly to help prevent heart attacks and strokes. But new evidence suggests that for many of them, the pills do little if any good. According to the New York Times, researchers have found that anywhere from 5% to more than 40% of aspirin users are "non-responsive" or "resistant" to the medicine. As a result, aspirin does not help prevent their blood from clotting, as it is intended.

Many doctors – "a vast majority," according to the Times – never test patients for aspirin resistance before or after prescribing a daily "baby" aspirin (81 mg) as prevention.

Scientists are not surprised that aspirin does not work for everyone – virtually no drug does. Still, the emerging awareness of aspirin resistance suggests that 107 years after aspirin was developed, mysteries remain about the pill that millions of people pop without a second thought.

"It's the most common cardiovascular drug in the world," Dr. Deepak L. Bhatt, director of the interventional cardiology fellowship program at the Cleveland Clinic, told the Times, "and we still don't know everything about aspirin that we probably ought to."

The bottom line: Have your doctor check your responsiveness to aspirin therapy before relying on it to help ward off a heart attack or stroke. There are tests to help him make this determination.

Avoiding Excessive Weight Gains or Losses With a Healthy Diet

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weight that will benefit both you and your loved one:

The Power of the Pyramid. When you need a guideline for eating the right foods in the correct portions to help you maintain a healthy weight, turn to the Food Guide Pyramid. Try to make sure your meals contain a food from each of the major food groups, reserving fats and sugars for special treats if you are watching your waistline.

Eating Healthy on the Run. Try to streamline your activities by making simple, wholesome meals that both you and your loved one will enjoy. Try one-pot meals in the crock pot, such as chili, stews, and casseroles focusing on lean meats, vegetables, and legumes. Pre-prep foods when you have two minutes of down time so a healthy meal is waiting and ready for you when you are able to eat. Fill a pita with tuna and veggies, load up whole grain bread with turkey, lettuce and tomatoes, or toss some pasta with low fat cheese and zucchini for a quick salad bowl. Then when your lunch time is spent driving to a doctor's appointment, you've got lunch in the bag.

Shopping for Good Nutrition. When it's your shopping day, fill your cart with wholesome, convenient foods. Instead of tossing bags of potato chips and cookies into the cart, try some fat free popcorn, whole wheat pretzels, vegetable sticks, rice cakes, and reduced fat, baked crackers. Stock up on fresh fruit to keep your fruit bowl filled to the brim in your kitchen, as fruit makes nutritious, quick snacks for you and your loved one when you've got five free minutes. Keep your kitchen stocked with plenty of veggies, including canned, frozen and fresh. Vegetables are naturally low in calories and are chock full of phytochemicals, plant compound that protect the body against chronic diseases.

Take advantage of wholesome convenience foods such as bars, yogurts, and frozen foods, but keep an eye on the food labels to make sure that the calories, fat, sat-

Try to streamline your activities by making simple, wholesome meals that both you and your loved one will enjoy. Try one-pot meals in the crock pot, such as chili, stews, and casseroles focusing on lean meats, vegetables, and legumes. Pre-prep foods when you have two minutes of down time...

urated fat, sugars, and sodium levels aren't off the chart. When selecting dairy products, look for fat free or low fat products. When choosing meats, look for small cuts of red meats with all visible fat trimmed, limiting these choices to twice per week or less.

More frequently turn to skinless chicken and turkey products, fish, and non-meat protein alternatives, like legumes and tofu, for leaner meals.

Track those Bites. Rather than nibbling on whatever food crosses your path all day because you never know when you're going

to get a real meal, try to keep track of what is entering your mouth. Just write down everything that you eat for one day and you may be shocked at the caloric load that it registers. As much as possible, try to eat regular meals and snacks.

Squeeze in Activity. Even though it may seem like you're running all day, try to plan for a modest amount of exercise in your schedule each day, even if it's just a brisk stroll down the sidewalk after dinner each night when you have a break. The exercise will reap rewards for your health, weight, and mind-frame. If your loved one is able to, moderate exercise may be extremely beneficial for her health, weight, appetite and psychological welfare, as well.

Seek Help. If you can't seem to get control of the quivering needle on the scales, then maybe it's time to get professional help. Instead of turning to the latest diet book for answers, find a local dietitian who can help develop a reasonable meal plan specific to the needs of you or your loved one.

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

'How I Cope'

If Only I Knew Then What I Know Now!

By Jacqueline Marcell

For 11 years, I begged my obstinate elderly father to allow a caregiver to help him with my ailing mother, but he adamantly insisted on taking care of her himself.

Every caregiver I hired lasted about three days and then I'd get the familiar call: "Jacqueline, I just can't work with your father. His temper is impossible to handle. He screams and yells and stands over me — and he won't let me do anything. I don't think you'll be able to get him to accept help until he's on his knees himself."

Growing up, my father had always been 90% wonderful, but that 10% of a raging temper was a real doozy. He had never turned his temper on me before, but then again, I'd never gone against his wishes, either. When my mother nearly died from his inability to care for her, I had to step in and risk his wrath to save her life — having no idea that in the process it would nearly cost me my own.

Jekyll & Hyde

I spent three months feeding my mother every bite of her meals and nursing her back to relative health in a convalescent home after a massive heart attack. Meanwhile, my father yelled profanities and repeatedly threw me out of the house for trying to help. I was stunned to see him get so upset over the simplest things — even running the washing machine could cause a tizzy. There was no way to reason with him. It was so heart-wrenching to have my once-adoring father turn against me.

I took him to his doctor and was astonished that he could act completely normal when he needed to. I couldn't believe it when the doctor looked at me like I was the crazy one. Much later, I found out that my father had told her not to listen to anything I said because all I wanted was his money. (Boy, do I wish he had some!)



My father had never laid a hand on me my whole life, but one day he choked me for adding HBO to his cable package, even though he had eagerly consented to it just a few days before. Terrified and devastated, I frantically called the police who took him to a psychiatric hospital for evaluation. I was stunned when they quickly released him, saying they couldn't find anything wrong with him. Similar incidents occurred four times.

I couldn't leave him alone with my mother because she'd surely die from his inability to care for her. I couldn't get the doctors to believe the horrors I described because he was always completely normal and sane in front of them. I couldn't get medication to calm him, and even when I did, he refused to take it and flushed it down the toilet. I couldn't get him to accept a caregiver (I went through 40 — some lasted only an hour!), and even when he did, no one would put up with his nastiness for

very long. I couldn't place my mother in a nursing home — he'd just take her out. I couldn't put him in a home — he didn't qualify. They both refused any mention of an assisted-living situation and legally I couldn't force them.

I became trapped at my parents' home for a year trying to solve the endless crisis — crying rivers daily, infuriated with an unsympathetic medical system that wasn't helping me appropriately.

Solutions

You don't need to have a Ph.D. to know something is wrong, but you do need an M.D. who can diagnose and treat it properly. I finally stumbled upon a compassionate geriatric

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Timely Tip

Taking steps (literally!) to stay healthy can head off many physical problems for caregivers. While time always seems short, plan brief, frequent walks around the neighborhood or a few laps around the shopping mall.

Taking these "steps" offer a range of benefits:

- Lower risk of diabetes
- Better control of blood sugar
- Less risk of cardiovascular disease
- Lower cholesterol and blood pressure levels
- Better weight control
- Sharper memory
- Improved sleep
- Help managing arthritis

Take these walks as often as you can

In The News

And Don't Forget Eggs, Milk

Coming soon to a supermarket or discount store near you – quick, inexpensive minor medical care. At least that's what a number of medical clinics expect to see happen.

Clinics with names like MinuteClinic, FastCare and Quick Care are popping up in Midwest grocery and discount stores as a convenient way for consumers to receive quick, minor health treatment while shopping. A few are even covered by insurance plans.

According to the New York Times, MinuteClinics are now in 10 Target and Cub Foods stores in the Minneapolis-St. Paul area. Others exist and more are on their way in other cities.

In-store clinics can diagnose and treat about a dozen common ailments – from strep throat to sinus and ear infections and seasonal allergies – in about 15 minutes. They also give vaccinations and screen for cholesterol and blood pressure problems. If they're busy when you arrive, you can even pick up a beeper and shop while waiting to be beeped so a nurse practitioner can see you. Doctors are on call by phone.

Will the "You're sick, we're quick" clinics catch on at a store near you? Linda Hall Whitman, who runs MinuteClinic, thinks so. "It's all about saving people time," she told the Times.

Written Plans Make Medical Decisions Clearer When Needed

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ical professionals will "let the family decide" on what treatment should be given. The meeting with a family should more properly be viewed as a way for a hospital to gain a sense from a spouse or children of whether there is, indeed, clear and convincing evidence of what the seriously ill individual would want to have done. If no clear guidance emerges from the meeting, or if there are signs of discord among family members, the medical professionals are likely to conclude that the safest

When a healthcare proxy or a living will names a decision-maker, care should be taken to choose someone who is both capable of exercising good judgment on a set of facts and of acting decisively when the facts have been assessed.

course for them is to take the most aggressive appropriate treatment approach.

When a healthcare proxy or a living will names a decision-maker, care should be taken to choose someone who is both capable of exercising good judgment on a set of facts and of acting decisively when the facts have been assessed. The person is not being given authority to decide what her or she thinks is "best," however. Rather, the person is promising to convey to others the best estimate of what the seriously ill person would want in the face of daunting medical circumstances.

The selection of a healthcare decision-maker can be very personal to the individual making the choice. Some women, for example, will conclude that "only my daughter knows me well

enough to know what I would want to have done," while others conclude that "making a life-or-death decision would be devastating for my daughter, only my son could balance all the facts and make the difficult decision that may be necessary."

These considerations illustrate that there is no substitute for having parents and children talk frankly about the difficult subject of life-and-death decisions. One woman who did so tells the story of how her mid-80s mother

told her that she would want to have a "fighting chance" if seriously ill but would not want otherwise medically futile treatment.

"She had a heart attack," her daughter later told a conference of lawyers. "I was discouraged about everything the doctors told me they thought should be done, but they insisted that she would have a good chance of recovery, so I agreed. It took six months, but I was glad I did. She is back to driving and she plays bridge twice a week with her friends!"

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If Only I Knew Then What I Know Now!

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dementia specialist who spent the time to perform a battery of blood, neurological and memory tests, along with P.E.T. scans and thorough medical exams. I was so astounded when he diagnosed Stage One Alzheimer's in BOTH of my parents, something that all of their other doctors missed entirely.

Since I had no experience with eldercare, I just didn't get it. I didn't realize that I'd actually been coping with the beginning of dementia, which is intermittent and appears to come and go. I didn't know that 40%-60% of patients will become agitated, or that 5%-20% will become overly aggressive. I also didn't understand that my father was addicted and trapped in his own bad behavior of a lifetime, and that his old habit of screaming and yelling to get his way was coming out

when he'd get angry, but over things that were now intermittently distorted, illogical and irrational. His life-long need to be in total control was manifesting itself in an explosive way because of the onset of dementia.

I also didn't understand that demented does not mean stupid, at all, and that he was still socially adjusted to never show his "Mr. Hyde" side to anyone outside the family. Even with the beginning of dementia, it was absolutely amazing that he could still be extremely manipulative and crafty.

Alzheimer's = One Type of Dementia

There are many types of dementia – Alzheimer's is just one form – and there's no stopping the progression, nor is there yet a cure. However, if dementia is identified early, there are four government-approved medica-

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Warning Signs Of Suicide Among Our Elderly

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Dr. Conwell explains, “The service, companionship and presence of a family caregiver are very powerful forms of suicide prevention. It’s all about being connected.”

In addition to the problem of social isolation, many elderly experience depression which all too often goes unrecognized and therefore untreated. Why? There are a number of possible answers. Very often, depression is minimized or seen as a part of the aging process. In some situations, the elderly themselves believe they should be able to “snap out of it.” They see their depression as a sign of character or emotional weakness.

But all too often, an elderly person may not speak about depression in terms of emotional distress and instead focus on physical symptoms. For the elderly person with multiple illnesses, the diagnosis of depression may be missed by a healthcare provider whose time for assessment is limited or rushed or by the indirect way in which many of our elderly make reference to their feelings of depression or suicidal thoughts.

A recent study raises significant questions about the connection between illness, depression and suicide in the elderly. Researchers found that the majority of elderly patients had visited their doctor’s office in the month prior to committing suicide. In fact, nearly half of those patients had made a visit to their doctor’s office just one week prior to committing suicide. (June 14, 2004, *The Archives of Internal Medicine, Journal of American Medical Association*). As a result, physicians and other primary healthcare providers are encouraged to learn more about their elderly patients who are at highest risk for suicide and recognize signs of depression in those patients.

For family caregivers who are concerned about risk of an elderly loved one committing suicide, Dr. Conwell says, “Listen to that little voice that says something doesn’t feel right. Make it explicit that you’re concerned. Go with your family member to the doctor’s office. Take a look around the home. Are

there firearms or stashes of medications? Don’t assume it’s normal for mom or dad to feel depressed under whatever circumstances might exist. Ask for help.”

One unique source of help can be found by making a toll-free call to the 24-hour nationwide Friendship Line (800-971-0016) operated by the Center for Elderly Suicide Prevention and Grief Related Services (CESP) at the Goldman Institute of Aging in San Francisco. The line is operated by paid staff, student interns and trained volunteers. It offers “transfusions of hope to people who may feel hopeless,” according to the center’s director, Dr. Patrick Arbore.

In addition to responding to calls from the elderly themselves, Friendship Line counselors are also available to talk with family or professional caregivers or friends who are concerned about an elderly person. About 20,000 calls are received annually on the help line.

Friendship Line counselors listen carefully to determine a caller’s risk for suicide. Counselors gently and directly inquire about suicidal thoughts and behaviors. Arbore gives this example of

how a counselor might approach a caller: “I hear you saying that you haven’t felt well since the death of your spouse two years ago. You have even been thinking about killing yourself because you feel so bad. I’m wondering whether you have mentioned this to your physician. If you haven’t done so, we want to discuss the importance of sharing this information. You may be suffering from depression, and depression can be treated.”

“To inquire about suicide can be very relieving for an older person who feels isolated and alone. Asking about suicide does not plant the seeds of suicide,” says Arbore.

Paula Sanders McCarron is a writer and poet living in Jacksonville, Florida. She has more than 20 years of experience in health-care, including nursing homes and hospice. She can be reached at psm@wordbyword.net.



A recent study raises significant questions about the connection between illness, depression and suicide in the elderly.

Stemming Elderly Suicide

Dr. Patrick Arbore, director for the Center for Elderly Suicide Prevention and Grief Related Services in San Francisco, offers these tips for caregivers concerned about elder suicide:

-
1. Listen actively and connect with your loved one.
-
2. Accompany your older loved one to the doctor.
-
3. Consult with a local gerontologist.
-
4. Remind your loved one that you care and that they are not a burden.
-
5. Discuss the proper use of alcohol or prescription drugs.
-
6. Reach out to organizations that offer support.
-
7. Contact Arbore’s Friendship Line at (800) 971-0016.

In The News Tracking Alzheimer's By Cell Phone

Government officials on the Spanish-controlled Balearic Isles are providing cell phones with satellite tracking capabilities to about 3,000 island residents with dementia or Alzheimer's disease as a means of tracking them if they wander or get lost.

According to IBL News, the mobile phones are linked with global positioning satellite (GPS) tracking, which is a common cellular technology in Europe. Alzheimer's patients in the first or second stage can push a button on the phone if they are lost and be located by the islands' emergency services, thereby minimizing danger to the patient.

The free tracking system is targeted to low-income islands residents and is financed through the Public Health Commission at a cost of about \$58,300.

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tions (Aricept, Exelon, Reminyl and Namenda) that can slow its progression by two-to-four years and improve cognitive functioning.

Keeping a person in Stage One longer, which is so much milder, delays the need for full-time care and nursing home placement. The Alzheimer's Association reports that by delaying the onset of AD for five years, we could save \$50 billion in annual healthcare costs. Even a one-month delay in nursing home placement could save \$1 billion a year!

In addition to the dementia medication, the doctor prescribed anti-depressants that made a huge difference in my parents' mood. Then, my father received anti-aggression medication, which smoothed out his damaged impulse control.

Once their brain chemistries were properly balanced, I was better able to implement some behavioral techniques (distraction, redirection, reminiscence and validation) to manage the constantly changing behaviors. Then, I was able to get my parents out of bed (they had said they were "waiting to die") and into adult day healthcare, which saved all our lives for several years.

Hindsight Always 20/20

Looking back, I am shocked that none of the many professionals who treated my parents that

chaotic year ever discussed the possibility of dementia with me. Had I simply been shown the "10 Warning Signs of Alzheimer's" (see online sidebar at www.caregivershome.com/news/article_2004_7_31_warning_sign.htm), flashing lights would have gone off in my head. I would have realized a whole year earlier what was happening. I could have gotten my parents the help they so desperately needed and delayed the progression of the disease much sooner.

If any of this rings true for you about someone you love, I urge you to reach out for help by calling the Alzheimer's Association (800-272-3900) and getting a referral to a dementia specialist right away. Tell them Jacqueline sent you!

Jacqueline Marcell is a former college professor and TV executive, who after caring for her elderly parents became an author, publisher, radio host, national speaker, and advocate for eldercare awareness and reform. Her writing includes the bestseller "Elder Rage, or Take My Father... Please! How to Survive Caring for Aging Parents." For more information see www.ElderRage.com.

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Upcoming in August

- A caregiver's guide to effectively dealing with the bombardment of junk mail targeting the elderly – and dealing with our elderly's inclination to be pulled in by it.
- Choosing a geriatric care manager for your Mom or Dad. What to look for – and what to watch out for – in hiring this valuable consultant.
- How can health-conscious caregivers effectively decipher food product nutrition labels with themselves and their elderly in mind? Nutritionist Sharon Palmer shares her advice.
- When your loved one's hearing fades and affects your caregiving relationship. How to recognize and deal with this common malady.