

Caregiver's

HOME COMPANION

Volume 3 Issue 3 | September, 2004

H E L P I N G T H O S E W H O H E L P O T H E R S



A NEW LOOK, MORE INFORMATION

YES, this is still your *Caregiver's Home Companion*, but we're sporting a new, easier to read look and delivering more useful information in the process.

Our mission remains the same: to deliver actionable tips, non-medical advice, how-to and first-person articles to streamline your caregiving responsibilities and ease some of your challenges.

We hope you like the changes.

Chris Pederson, Editor & Publisher

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Living Longer and Digging a Deep Hole of Debt

By Paula Sanders McCarron

Seniors often joke that the retirement years are known as the "golden years" because it takes a whole lot of gold to get through those latter years of life.

But for many seniors and their caregivers, those words are no laughing matter. Instead, they portray a tough reality for those who watch their retirement dreams collapse under the burden of fixed incomes, rising expenses and mounting debt.

Just how serious is the problem? Consider this: The number of adults age 65 and over filing for personal bankruptcy has *tripled* during the past 10 years. Today, seniors have the sad distinction of being the fastest growing age group appearing in bankruptcy court. And over the past 10 years, the average self-reported credit card debt among seniors has increased by a whopping 89%.

What's going on here? Most seniors have relied upon the "three-legged

stool" of pensions, private savings and Social Security to fund their retirement. But those dollars do not stretch far enough or are just plain inadequate given increasing life expectancies. Many seniors tap into savings to pay for daily medications or long-term care needs. Some are unprepared for major home repairs or rising property taxes. Others are a soft touch and find it too difficult to say "no" when family members ask for a "loan."

"One problem is that projecting income has nothing to do with projecting expenses," says Bob Potter of JNBA Financial Advisors in Minneapolis and perhaps better known as the ▶

Editor's Note: Seniors and caregivers face enormous financial stress and sometimes even ruin. Understanding the issues and taking steps to protect assets can make all the difference while **Navigating the Financial Black Hole of Old Age**. This first article in a series examines how we got to this point.

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Print: \$29.95 per year (U.S.)
Online: \$19.95 per year (U.S.)

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Caregiver's Home Companion

is published monthly by:

Pederson Publishing, Inc.

P.O. Box 693,

Southport, CT 06890-0693

www.caregivershome.com

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. *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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long-time host of the public radio program *Sound Money*. "Another issue is that your money can't retire when you do."

A financial plan and budget are important at any stage of life, but for seniors, those tools are absolutely critical to make the best use of whatever income, savings or investments are already in place. A lack of planning can prompt the elderly to use credit cards to handle mounting debt. This creates its own spiral that can sometimes end up in the lap of family to resolve.

"Seniors are as susceptible as anyone else to the convenience of using credit cards," says Potter. "The intention is always to pay the bill off in full each month. But if you didn't have the money at the time you needed it, it's unlikely you'll have it later."

Mounting financial debt is not something most people like to admit. However, family caregivers can watch for these warning signs that something may be amiss:

- Unopened piles of mail and past due notices
- Utility shut-offs or warnings posted on doors
- Frequent use of credit cards or used exclusively for cash advances
- Credit card statements, reflecting late payment fees and penalties
- Bank statements, showing overdraft charges or bounced checks
- A trend of making minimum payment on credit cards
- Increased use of answering machines, which may be an attempt to avoid calls from collection agencies.

Of course, the best time to bring up the topic of finances is long before a crisis. But even then, your loved one may react with anger, fear, guilt or suspicion. It's not uncommon for aging parents to feel their competency is being questioned or to fear they will lose control over their money and their independence.

To help smooth the way into a conversation, family caregivers can start by talking about their own financial challenges or by making reference to news stories or a life event such as the illness of a friend. Another approach is to talk about one's own concerns about having an adequate retirement income, which often is legitimate if the caregiver offsets the elderly's expenses.

Whenever possible, involve other close family in the discussion. But don't jump into decision-making. It's important to know all

the options available so you and your loved one can identify long-term as well as short-term needs.

Options such as reverse mortgages, debt consolidation and cash settlements on life insurance policies might be a great solution for some but be a very poor choice for others. "All these tools are appropriate in the right situation," says Potter. "But it all depends on the job. You wouldn't use a hammer for jobs when a saw is needed. You need to be informed about the best tool for the job needing to be done."

Before rushing into decisions, it can be very helpful to seek the advice of a professional who can help develop a comprehensive financial plan. Elder-law attorneys and financial planners can help determine the best use of resources, how to plan for the future and cope with the unexpected.

And don't think these services are only for the wealthy—they're not, even though they may seem expensive. Many people find that seeking advice and expertise has saved them money, time and stress in the long run.

As Potter points out, seniors need to be pro-active when it comes to dealing with their finances. "Your money can't retire when you do," he says. "You've got to have a plan." ■

Paula Sanders McCarron has more than 20 years of experience in healthcare, including nursing homes and hospice. She lives in Jacksonville, Florida, and can be reached at pwm@wordbyword.net.

COMING UP IN OCTOBER

■ Wisely Mining Elderly Assets to Control Elderly

Debt. Part 2 in our exclusive series Navigating the Financial Black Hole of Old Age in which we explore ways for caregivers to protect assets for loved ones and themselves.

■ Getting obstinate elders to get out from behind the wheel and give up driving—for the safety and sanity of all.

■ **Helping our loved ones reminisce**—even if it is the same story for the umpteenth time—is a healthy psychological process for them, one to be encouraged (and endured) by caregivers.

■ **Blending care with prayer**—turning to spirituality and religion for strength and guidance throughout the odyssey of elder-caregiving.



Protecting Our Elderly from the Junk Mail Jungle

By Ursula Furi-Perry

Requests for donations, credit card offers, mail-order catalogs by the dozens. They seem to come from every direction, filling our mailboxes and creating a huge annoyance.

But when it comes to our elderly, dealing with junk mail isn't just a major inconvenience—it can also be a dangerous game. Mail fraud, dishonest salesmen, and identity theft are rampant, and many fraudulent operators target the elderly with their schemes and scams using unsolicited mailings.

"The elderly have always been a concern for the (U.S. Postal Inspection Service)," says Kevin McDonough, assistant postal inspector for the Boston Region. "Many members of the 'greatest generation' are used to a time when a person's word was something one could trust, but that trust is often used by fraudulent operators to gain a foothold with senior citizens."

Quite simply, our elderly often are susceptible to scam artists today because they are lonely, overly trusting, or just want to be active or involved in something beyond their daily routine.

In fact, befriending the elderly is a common scheme, used by unscrupulous operators to establish credibility with potential targets. "It may be hard for senior citizens to understand that today's world is different; that giving their trust to others may not always be a good idea," warns McDonough.

"This is a multi-billion dollar business in the U.S., so it happens a lot," says Jason Catlett, president of Junkbusters Corporation, a privacy advocacy firm that helps people get rid of junk messages of all kinds. "Telemarketing is perhaps an (even) more common means."

So, who becomes the first line of defense for our aging loved ones? YOU! As a family or professional caregiver, you can help head off the sometimes tragic consequences associated with these scams.

"Seniors are often more likely to open up to caregivers than

law enforcement agents," McDonough says. "Therefore, it's important for caregivers to be 'the eyes and ears' when it comes to (their loved one's) mail."

In fact, caregivers can save their loved ones from sticky mail situations by following a few simple steps:

- Read through letters carefully. Many loved ones may find it difficult to differentiate between legitimate correspondence and fraudulent or junk mail. "Especially with bulk mail, it's not easy to tell if a letter is legitimate," says Anthony Pesce of Woburn, Massachusetts, a letter carrier who cares for his elderly mother. "I go through my mother's mail to make sure she isn't bothered by offers she doesn't need to look at," Pesce says. "If I see something in which she may be interested, I talk her through it."

- Watch for signs that your loved one may be in trouble. "Oftentimes, senior citizens don't tell family members or caregivers about transactions through the mail," warns McDonough. "They may be embarrassed at the thought that they've been duped and want to keep it from their families."

At other times, seniors will actually realize they're being duped, but they've formed such a close relationship with the salesmen that they're reluctant to turn away. In those instances, they may not tell the family about the problem, for fear that the family or caregiver will put a stop to it." Look out for telltale signs of fraud, McDonough says. "Watch for dishonest salesmen, inconsistencies in the mail, and evidence that (your loved one) has been sending money to fraudulent causes." Such items as balance ledgers, cashed checks returned by the bank, and receipts for contributions may indicate that your loved one has sent or given money.

- If something seems suspicious, contact the authorities. "Call your local police or the local Postal Inspector's office," McDonough advises. Each year, the U.S. Postal Service

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takes a number of initiatives to promote awareness of mail fraud against the elderly, including mailers, paper ads and PSA's. Call your local post office to find out how to get involved.

- Watch for signs of identity theft, which is becoming a major problem among the elderly. "Senior citizens are often more likely to use their Social Security numbers (freely) on documents," McDonough explains. "They are also more likely to take their cards with them — thus, if their wallet is stolen or lost, access to their SSN is easier." It's important to order a credit report once a year. If anything looks amiss or suspicious on the report, be sure to contact authorities right away.
- Take your loved one's name off lists—every list. Write to the Direct Marketing Association and ask that their names be removed from member marketing lists. Junkbusters also offers a variety of form letters on its website, which may be printed, individualized and sent to the appropriate agency or company. To reduce the endless influx of credit card applications and other financial offers, contact the three major credit bureaus: Equifax, Experian and Transunion. Note, however, that these requests will only work for companies whose legitimate purpose is marketing their services through the mail or phone. In other words, "Scammers won't honor a 'do not mail' request," says Catlett.

Write to the DMA and request that your loved one's name be taken off postal marketing lists at:

Mail Preference Service
Attn: Dept. 11813482
Direct Marketing Association
P.O. Box 282, Carmel, NY 10512

The DMA offers a similar service for telephone marketing:

Telephone Preference Service
Direct Marketing Association
P.O. Box 1559
Carmel, NY 10512

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Caregiving the Hard Way

Tackling the Challenges of Caregiving in Rural America



By Karen Luna Ray

When was the last time your neighbor delivered a home-cooked meal to your house because you were ill, or offered to fill the wood box because a winter storm was brewing? In rural areas, these things are nothing out of the ordinary. They are done simply because it is considered being neighborly. And it is a big part of the support system that makes caring for our elderly in rural areas manageable.

For most rural residents, there are no buses, taxis or public transportation to depend on for trips to the doctor or grocery store, making transportation of major concern to the elderly. The emergency 911 phone service isn't always available. Because country roads often are not numbered, ambulance service, if available, may not be timely.

Home health and hospice agencies have been a boon to the elderly in rural areas, as well as their caregivers. However, as nurse Peggy Cravey in Soper, Oklahoma, points out, rural residents may not be the most attractive clients for these agencies because of the long driving distances to care for them. Cravey, a home health field nurse with 15 years experience, drives up to 22 miles between patients, but has driven as far as 50 miles to care for a single patient.

The home visits these agencies make relieve the caregiver of the responsibility of getting their elderly to a doctor's office as often. An on-call nurse takes away some of the pressure the caregiver feels when solely responsible for every detail of elder-care. Still, there are areas where these services are not available, leaving the caregiver to depend on family and community members.

Cravey has also earned her stripes as a caregiver, caring for both parents until the death of her mother. In addition to her nursing job, she continues to care for her father, a combined Alzheimer's and Parkinson's disease patient, in her home. Cravey depends on members of her household and a part-time sitter for respite care.

Touching on challenges rural caregivers and patients face, Cravey says, "Drug stores are not just around the corner. Some pharmacies will mail prescriptions, but mail delivery may be a problem." Those living in rural towns may have a post office, but no home delivery. Some live where the lane from their house to their mailbox is half a mile. Either way, it takes effort to receive or send mail.

Cravey tells of an elderly house-bound couple who waited for their daughter's weekly visit to get their mail, rather than admit they needed help by asking someone to get it for

them. Pride must not be discounted when caring for the elderly.

Rural residents more frequently have to deal with electricity outages or lost telephone service due to bad weather. They have well water rather than city water. When the electricity is out, so is the water. These inconveniences add tremendously to the job of caregiving.

Family and professional caregivers tell of hardships rural residents face:

- One man, diagnosed with a terminal illness, wishes to die at home. His cabin is in an extremely remote area. His daughter stays with him. The road tapers to a winding path on the edge of the mountain, making a 4-wheel-drive vehicle necessary. Wet weather causes the road edge to soften, requiring one to drive only so far, then switch to a 4-wheeler to complete the journey.
- Another's condition makes it difficult to transport him to the doctor. Luckily, the area has a doctor that makes house calls. (Yes, they still make house calls in rural America.)

Rural towns may consist of a few homes, a post office and convenience store in the middle of nowhere. Others are fortunate to have a doctor and pharmacy. Specialized treatment requires travel to a larger town. Because of this, the quality of care is questioned.

However, Sandra L. Brown, M.A., of Penrose, North Carolina, a former case manager for a rural caregiving program and practicing psychotherapist, offers her viewpoint, "I think the quality of care and support is excellent. What sometimes is not excellent is the quantity of various selections of care. There might only be one oncologist, one radiologist

and two orthopedics. Their quality of care is not necessarily less than city doctors, but the choices are limited."

Why do our dependent elderly choose to stay in this more difficult environment rather than move where resources are plentiful? Put simply, it is home. Brown explains, "Many who have lived their whole lives in the country want to die in the country. They want to be buried in their back yard (family cemetery), or at the church cemetery. They want their bed to be by the living room window so they can watch the crops, the cows, the garden. They want to be cared for by their lifelong friends, their pastor and their neighbors."

Witnessing the support coming from communities helping their own is heartening:

- ✓ After a hospital stay for someone with no funds, neighbors take up a cash collection to help out.
- ✓ Respite care may come from a neighbor who dropped in for a visit.
- ✓ Someone delivers a home cooked meal or fresh garden produce.

Sandra L. Brown says, "Pharmacists make house calls and bring meds to patients; they might get up at 2:00 a.m. and prepare something because someone is dying and the family called them, or a hospice nurse may care for someone on her time off."

Commenting on how rural caregivers innovate on behalf of their elderly, Brown says, "They rely on church members, neighbors, friends and family. Most rural churches have their own form of case management; needs are listed in the bulletin and people respond and help."

Rural living isn't for everyone, but for some it is Home, Sweet Home. Peggy Cravey doesn't hesitate when asked to name the biggest advantage of rural living to the elderly: "Anytime you can keep a patient home, they are happier. Happy people tend to be healthier." ■

Karen Luna Ray has experienced rural caregiving firsthand from her home in Hugo, Oklahoma. She can be reached at karenray@1starnet.com.



Starting Points for Rural Caregivers Seeking Help

Check out these possible resources of volunteer aid:

- Local churches.
- Vo-Tech or other schools that have nursing classes may have students interested in volunteering for hands-on experience.
- Women's groups and fraternal organizations.
- Friends, family and neighbors.
- Health department.

You must first be declared eligible for these resources:

- State department of human services.
- Veterans Administration, if the patient is a veteran.
- Home health or hospice organizations.

In addition, your loved one's doctor, who determines eligibility, may offer other suggestions.

RESOURCES

Telehealth, Telemedicine and VA Medicine, resources for rural veterans

www.pva.org/newsroom/PR2003/pr03017.htm

University of Missouri, Kansas City, results of studies on the rural elderly

<http://iml.umkc.edu/casww/rurlders.htm>

Look, Listen, Watch

Effective Pain Management is Elusive but Essential

By Amelia Fletcher

Realizing, understanding and managing pain in our aging loved ones is one of the more ambiguous, but important, challenges faced by caregivers.

Everyone's pain is unique and must first be evaluated to treat effectively. It may have physical, psychological, and even spiritual roots. That means that treatment and management may take any of several different paths.

What defines persistent or chronic pain? In short, it is pain that continues longer than we or medical professionals think it should or is associated with a condition that will not improve (i.e. arthritis or nerve damage).

What are the signs of chronic pain to which we caregivers should be alert? And what if your loved one is unable or unwilling to communicate their pain? The answer is straightforward: you must LOOK, LISTEN and WATCH.

First, *look* at facial expressions. If your loved one frowns, grimaces, keeps their eyes closed, or blinks rapidly, look for the cause. It could be the root of their pain.

Next, *listen*. Does your loved one groan, sigh, grunt, or chant? Perhaps that is their way of expressing pain. Listen to see if they breathe noisily during personal care or cry and become more confused when being moved? These may be pain signals.

Then, *watch* for a change in body posture. Is it rigid or tense? Do they fidget, pace or rock back and forth? Is movement restricted? If so, there is an underlying cause that may be sourced in pain.

As caregivers we may need to gently probe the causes of pain and understand that pain might stem from more than one source. For example: neuropathic pain

(nerve pain) can be caused by diabetic nerves, neuralgia, or pain after a viral infection such as shingles. Skin disorders can also be a source of pain and can be caused by ulcers or shingles, while joint, muscle, and bone disorders may be attributed to arthritis, gout or fibromyalgia. Many older adults are also plagued by chronic gastrointestinal or circulation problems which cause pain.

Regardless of the source, persistent pain is not normal at any age and saps energy, disrupts sleep and may lead to depression. So how do we help our loved ones cope or alleviate pain?

There are several guidelines for helping achieve effective pain management in those we love. Just by empowering a person to expect pain control, you can help solve the problem. Believe your loved one's assessment of their pain. When you validate their pain, you then give them the freedom to ask for appropriate management.

Also remember to be an advocate for your loved one. Never assume doctors or nurses know the pain level of your loved one and don't be reluctant to request a pain management specialist, physical therapist, or any other professional to help ease pain. Be an active part of the team that lays plans for managing pain and learn how to assess pain levels.

In order to be able to effectively report to doctors and related professionals who only see your loved one occasionally, keep a diary of your pain observations. Note the type of pain (for example, pain that is stabbing, burning, or associated with movement) and how medication is tolerated. Also record what you have tried for pain that has or has not worked. Note the level of pain and



when breakthrough (abnormal) pain occurs. Your notes need not be complicated or formal, but your first-hand observations can be a valuable tool.

Chronic pain can be managed in several ways, including physical and massage therapy that have become popular. Tony Kennon, a licensed physical therapist for 18 years, urges caregivers to be active participants in pain management. "A caregiver who comes to the sessions and learns to reinforce the movements and exercises we teach them to do at home can be worth their weight in gold," says Kennon.

He adds: "Too much or too little exercise and movement can cause increased pain. One thing is for sure, however: muscle activity reduces pain and improves tone. The better condition the supporting muscles are in, the better they can support joints and bones. And

PAIN: THE 'FIFTH VITAL SIGN'

A 2001 Joint Commission on Accreditation of Healthcare Organizations put in place new standards for the assessment and management of pain within accredited healthcare organizations.

This new criterion requires healthcare providers in hospitals, nursing homes, and surgical centers to include pain as the "fifth vital sign" and authorizes doctors and nurses to treat the patients' pain and provide continued access to treatment after hospitalization

although therapy may be uncomfortable at times, the benefits are increased movement and a lessening of chronic pain."

When considering massage for relief of muscle and joint pain, Joyce Butt, a licensed massage therapist, cautions, "Be sure to tell your therapist of all medications. Even though I use a gentle Swedish massage and reflexology to improve circulation and stretch cramped or pinched muscles, I have to be exceedingly careful with my patients on blood thinners and medication so that I don't compromise the benefits of the massage."

As we age, pain doesn't have to be an accepted fact of life. Thankfully, modern medicine has provided a variety of solutions. Our duty as caregivers is to explore those options with our loved ones and medical professionals. Only then can the right decision for everyone be made. ■

Amelia Fletcher is a writer and family caregiver living in Gulf Shores, Alabama. She can be reached at kenboh@gulftel.com

RESOURCES

For more information on pain management, check out these resources:

American Academy of Pain Management
www.aapainmanage.org/info/Patients.php

American Geriatrics Society Foundation for Health in Aging
www.healthinaging.org/public_education/pain

American Cancer Society,
www.cancer.org/rig/rigpain.html

American Society of Clinical Oncology, Q&A about Pain Control
www.asco.org/people/tc/html/f_panic.htm

American Pain Foundation
www.painfoundation.org

Hospice Foundation of America
www.hospicefoundation.org

National Foundation for the Treatment of Pain
www.paincare.org



YES! YOU MAY HELP

"What may I do to help?" You often hear the question. Here are suggestions to provide you some relief and give cheer to the elderly. Copy this list and give it to the next person who offers to help but doesn't know what to do.

- Seniors love visiting with those of their own age group. Help arrange such a visit with a friend or group of friends.
- Cabin fever sets in for anyone after a long stay at home. A drive around the countryside, or a wheelchair stroll through the park, would be welcome. It's depressing when every outing is to the doctor's office.
- Give a caregiver respite. An afternoon, a day or a weekend away with their spouse, or alone, can give a family caregiver renewed energy and effectiveness.
- Evening hours during the winter are often depressing and lonely for the elderly. Bring soup and cornbread on a cold or rainy afternoon and stay to enjoy the meal and a visit.
- If you are in a rural area, perhaps the elderly patient is a retired farmer or cattleman. A drive through the pasture for a close look at cattle would cheer him.
- If you live too far to visit, call. Birthdays, holidays or any day, pick up the phone and call. Talk directly to the elderly loved one, regardless of whether you can clearly understand them.
- No time for a visit to see an elderly loved one? Do the next best thing. Using a video camera, film your house, going from room to room, describing as you go, "Mom, remember this vase? It's the one you gave us for Christmas the year we got married." Make it personal: show the kids, the pets and each other. If you have a beautiful yard, film the flowers close up. Talk. The sound of your voice is music to your parent or grandparent.

Smile When Approaching an Alzheimer's Patient

From the Editors of *Spirituality & Health Magazine*

Psychologist Carla Arlien considers herself a cheerful person, but at the Alzheimer's clinic where she works, her patients seemed troubled by her demeanor, and often asked if she were okay. At first Arlien wondered whether there was something wrong with her. Then she began to suspect that the problem was literally in her patients' eyes.

Eyesight, of course, tends to worsen with age. Not only do we find it harder to read small print, we lose sensitivity to contrast, which makes it harder to distinguish details such as the subtle facial expressions of anger, fear, and sadness. Loss of contrast sensitivity tends to be pronounced in Alzheimer's patients. Arlien wondered whether this was affecting her patients' reactions to her.

Arlien set up a study at Case Western Reserve University that she presented last summer to the American Psychological Association. She showed

photographs of faces with various expressions to subjects wearing visual filters to mimic the contrast insensitivity typical of Alzheimer's patients. She found that loss of contrast sensitivity made no difference to the subjects' perception of strong emotions such as happiness, but neutral expressions were more likely to be misinterpreted as negative emotions such as anger.

Though the effect was small, Arlien believes that her own neutral expression was being misread by her patients. Now she makes an extra effort to help them recognize her cheerfulness. It makes the world a brighter place for them—and for her. ■

This article originally appeared in Spirituality & Health magazine. For subscriptions call (800) 876-8202 or visit www.spiritualityhealth.com.



IN THE NEWS:



IT'S A BAD FLU COMIN'

It's only happened three times in the past century, but President Bush has warned that the coming flu season could see a worldwide epidemic and affect the lives of hundreds of thousands here in the United States.

The major reason: the early spread of Avian Flu, or bird flu, in Asia. This is a powerful flu strain that has medical and government experts worried because it spreads particularly easily among humans. Flu can be especially punishing on the elderly and young children, and the indications this season leave both age groups especially vulnerable.

There have been three flu pandemics in the last century, the worst in 1918, which killed more than 500,000 Americans and 20 million people worldwide.

While it is impossible to accurately predict the toll from the next flu pandemic, a new government response plan obtained recently by The Associated Press estimates that a pandemic could kill up to 207,000 Americans. That's nearly six times more lives than regular flu claims on average every year.

News of this threat comes on the heels of a government warning that nearly half of this season's flu vaccine supply will arrive about a month late because some doses may be contaminated.

However, federal officials say there is little to worry about with the delay and that everyone who needs the vaccine will eventually be able to get it. More than 100 million flu vaccine doses are expected to be available in the U.S. this year—more than ever before.

Advice for every caregiver: protect yourself and those you love, especially the elderly and very young, as early as possible this fall. ■

WHO'S IN THE NEXT BED?

Nursing homes in 37 states are home to more than 380 registered sex offenders, according to a recent elder rights advocacy study by the non-profit group A Perfect Cause.

The group's surprise findings question the safety for other residents in these nursing homes at a time when nursing home populations are growing rapidly.

States with the greatest number of registered sex offenders were found to be Texas, with 70; Illinois, with 57; Ohio, with 39; Missouri, with 35; and Florida, with 30. Not all states were surveyed, hence the expectation that the number nationwide is notably greater than 380.

A Perfect Cause cautioned against being lulled into a conclusion that the risk is minimal by assuming the sex offenders are very old and likely to be harmless. In fact, it found more than 150 offenders under age 60 in the homes, and more than 225 under age 70.

The group's advice to caregivers seeking homes for their loved ones: ask point-blank, "Do you have any known sex offenders living in your facility, or would you permit them to live there if you knew their history?"

For more: go to www.aperfectcause.org. ■

RESOURCES ON THE WEB

FOR MORE INFORMATION ON FINANCE AND THE ELDERLY:

Talking with Aging Parents about Finances, from Montana Cooperative Extension, visit www.montana.edu/wwwpb/pubs/mt9324.html

Talking with and Assisting Elderly Parents with Finances, from Colorado State University, visit www.ext.colostate.edu/pubs/columnha/ha0307.html

Consumer Self Assessment: How Good Are Your Money Management Skills, from AARP, visit www.aarp.org/money/Articles/a2004-04-29-consumer.html

FOR MORE INFORMATION ON JUNK MAIL:

Direct Marketing Association, consumer assistance, visit www.dmaconsumers.org/consumerassistance.html or phone (212) 768-7277

U.S. Postal Inspection Service, visit www.usps.gov/postalinspectors/
Junkbusters Corporation, visit www.junkbusters.com

FOR MORE INFORMATION ABOUT RURAL CAREGIVING:

Telehealth, Telemedicine and VA Medicine, resources for rural veterans, visit www.pva.org/newsroom/PR2003/pr03017.htm

University of Missouri, Kansas City, results of studies on the rural elderly, <http://iml.umkc.edu/casww/rurlders.htm>

FOR MORE INFORMATION ON PAIN MANAGEMENT:

American Academy of Pain Management
www.aapainmanage.org/info/Patients.php

American Geriatrics Society Foundation for Health in Aging
www.healthinaging.org/public_education/pain

American Cancer Society,
www.cancer.org/rig/rigpain.html

American Society of Clinical Oncology, Q&A about Pain Control
www.asco.org/people/tc/html/f_panic.htm

American Pain Foundation
www.painfoundation.org

Hospice Foundation of America
www.hospicefoundation.org

National Foundation for the Treatment of Pain
www.paincare.org