

Caregiver's

HOME COMPANION

Volume 3 Issue 5 | November, 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



Navigating the Financial Black Hole of Old Age

What Every Caregiver Needs To Know to Protect Assets

By Howard F. Angione

The man was in tears," the lawyer recalled. "He told me that he had given his son more than \$100,000, and his son promised that it would be 'there for you if you need it.' But now the son had been through a divorce and it looked like nothing was left. 'Get my money back for me,' he pleaded."

The man's dilemma illustrates the dangers that lurk in the future when the elderly try to "protect assets" by simply giving money to their caregiving children on the assumption it will be used for them if the need arises before they die. For caregivers themselves, the proper handling of parental assets ultimately can spell the difference between there being a nest egg to receive or share among siblings after their parents die or having to dip into their own assets to cover their parents' needs in their last years.

The potential need for nursing home care that can easily reach \$10,000 per month in major urban areas is powerful motivation for the elderly to try to preserve assets in the hope they can leave some legacy for their children. To qualify for assistance from the government's Medicaid program to pay a nursing home bill, an individual may have no more than a

token amount of money in the bank (\$3,950 in New York State, for example).

If no financial planning is done until the day when the need for nursing home care arrives, the most that can be preserved is generally about half of the assets on hand. The other half must be used to pay nursing home bills until the expiration of the "penalty period" that makes someone ineligible for Medicaid in a nursing home for a period of time after assets are given away. (The calculation varies by area, but in a typical situation, for every \$8,000 given away, Medicaid will refuse to provide nursing home coverage for one month.)

Long-term care insurance (see box on back cover) is a potentially attractive approach for those in good (but not necessarily perfect) health, but otherwise there are essentially two options — giving assets outright to the caregiving children ►

Editor's Note: Seniors and caregivers face enormous financial stress and sometimes even ruin. Understanding the issues and taking steps to protect or wisely use assets can make all the difference while "Navigating the Financial Black Hole of Old Age." This third article in a series examines the proper handling of assets to help insure financial stability through old age while protecting caregiver assets.

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Caregiver's

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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.

and placing assets in a trust.

Giving assets away until an individual is down to the poverty level is a blow to anyone's independence and sense of worth, not to mention the problems that can arise if the assets are later lost due to financial difficulties experienced by the children. The opportunity to receive income from the assets is also lost — the individual may not plan to spend the principal but needs the income to pay for day-to-day expenses not covered by Social Security and a pension.

Forming a trust provides long-term protection while retaining an individual's dignity. But the key to success is to form the trust long before a health crisis is at hand.

A trust is typically about a 12-page document that is prepared by a lawyer and signed both by the "trustmaker" (classically called the "grantor") and those who agree to become trustees. The trustmaker can even be a trustee, and thus able to participate in management of the trust, although it is prudent to have at least one other trustee, usually an adult child or trusted relative, in either case the primary caregiver as often as not.

To be effective as a Medicaid planning device, the trust must be irrevocable, but that doesn't mean all flexibility is lost. Assets such as stock placed in the trust can still be sold; the proceeds just remain in a trust bank account. All income from the assets is paid out to the trustmaker, thus preserving a flow of money that may be needed for routine expenses. The trust identifies those who will receive the assets after the death of the trustmaker, but the one aspect of an irrevocable trust that can be changed is the identification of the beneficiaries.

Assets placed in a trust are, in Medicaid's view, "gifts" to the trust, and thus a period of ineligibility for Medicaid nursing home coverage results. As a result, it is never prudent at the start to place more than half of an individual's assets in a trust — the half that remains outside the trust would be needed to pay a nursing home bill if the individual suffered a stroke or some other setback that left no care option other than a nursing home. When the initial "penalty period" has run its course, however, more assets can be placed in the trust. Over time, an individual who remains healthy can place virtually everything in the trust, thus assuring that the principal will eventually be passed to children and/or grandchildren.

The trust requires that all the interest on any money in the trust or the dividends on stocks in the trust continue to be payable to the individual involved, and thus a potentially important source of income does not disappear, as it would if the assets were simply given to the children.

A final advantage of a trust is that it can provide financial protection to the children when the parent dies. The trustmaker has the option of providing that the trust assets may be held in a "successor trust" for a child if the child is personally bankrupt or has suffered a debilitating illness that has made the child eligible for government assistance. For the child who is bankrupt, a successor trustee can use the assets to pay the child's bills directly. For the disabled child, the successor trust becomes a "supplemental needs trust" available to supplement benefits available from government sources, but not to replace the government assistance.

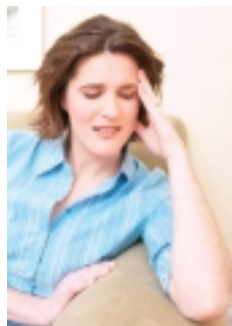
The examples here are designed to provide a broad overview of the planning that can be done. Every case has subtleties that are best discussed with a lawyer. But anyone who has a basic understanding of the options provided by a trust is in a better position to understand more clearly how a lawyer can customize options to each individual's particular circumstances. ■

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COMING UP IN DECEMBER

- Alcoholism is a dirty little secret in some homes, but an all too common disease among the elderly. A caregiver's guide to the causes, how to identify the problem, and ways to take action to save their loved one.
- Confusing mental confusion with dementia. How to recognize a common—but usually temporary—condition in the elderly.
- Where on earth can I find quality in-home care? Tips for caregivers dealing with what can be a frustrating search.
- Life changes after in-home caregiving takes center stage, including the basic way the home is arranged to accommodate your elderly's needs. Read tips on making the right "moves" for you and your loved one.

Need a Caregiver Time Out?



stress ► noun ①
holidays + caregiving
+ life

Stress and holidays seem to go together. Throw in a dash (or more) of caregiving and everyday life, and you have an unhealthy recipe.

The cause of stress and how to deal with it is a very active area of study at this time of year because of this simple fact: where there is responsibility, there is stress.

On a more complex basis, Fred Newton, professor and director of counseling services at Kansas State University, says stress results from the “fight or flight” response in people. Rooted in human instinct to respond to physical threats, this response is a bodily reaction that occurs when one feels a demand or threat. When the response is triggered, breathing and heart rates increase as do blood pressure and muscle tension. In other words, one is stressed.

Newton says the average person is subjected to 50-100 small stress triggers, or stressors, each day. A caregiver deals with many more. “Sometimes they are real and tangible and sometimes they are just in your head,” Newton said, but regardless, the impact on the individual can be strong.

Stress is unique to the individual, Newton says. What stresses a person depends on one’s personality. A situation that stresses one person may not affect another, and in caregiving this is why some caregivers bear up better than others.

“It’s not just your level of activity; it’s your attitude about it,” Newton says. “Everyone has unique ways to

show stress. Some people just veg out — they get numb.” Others may become anxious or jittery while some become irritable or moody.

Certain symptoms may accompany stress. These include poor attention or concentration, blaming others and poor problem solving. Stressed individuals may also experience changes in activity level, a loss of appetite, increased alcohol consumption or withdrawal. In addition, there are several different physical symptoms of stress. They include fatigue, grinding teeth, headaches and muscle and joint pain.

Knowing how to relax when stressed—essentially a caregiver “time out”—can help reduce stress symptoms and help a person live a healthier life. When stress is allowed to build up, the immune system can be compromised and stress illnesses may develop.

“There are things you can do to decrease or increase the stress response to avoid the build up,” Newton said. “Once you learn that you can control or manage the stress response, you can alter such accumulation.”

Newton has compiled a list of what he calls “Quickie Minis” that can help reduce the effects of day-to-day stressors. One suggestion is to take a deep breath. Another is to stretch. Smiling, sighing and moaning are also all relaxing actions. Newton puts great importance on stress relievers. “That can make all the difference in the world,” he said. “You can either let it go or let it build up. The ripple of not managing stress well leads to other problems.” ■

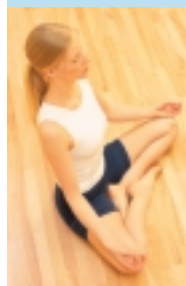
CAREGIVER ‘QUICK MINIS’

While holiday stress is bad enough in itself, the added burden of caregiving can take it over the top. Recognizing this, Fred Newton, Kansas State University counseling director, developed the following series of “Quick Mini” caregiver timeout strategies designed to help modify stress response without upsetting a general daily routine:

Diaphragmatic Breathing: Place one hand on your belly, just below the naval. On inhalation, your hand should move away from your body, on exhalation it should move toward the body. Focus your attention on the movement of your hand. This can be done standing, sitting or lying down.

The Four S’s: First, smile and make your eyes sparkle. Then, take a deep breath. As you let it out, let your jaw hang slack, shoulders sag, and forehead smooth out. Do this again. The Four S’s are smile, slack, sag, smooth.

Releasing Tension: Emphasize the differences between holding tension in your body and letting it go. Try to bend your toes up as if to touch your shins. Hold them there while you tighten your thighs, buttocks and fists. Take a deep breath and hold it while you



clench your jaw and close your eyes. Hold all tension for five seconds. Then, let it go all at once — do not ease off. Feel the tension draining from your body as you exhale.

Your Relaxation Place:

Begin with a few relaxation breaths. Then, with your eyes closed, take a moment to create in your mind’s eye an ideal spot to relax. You can make it any place you’d like — mountains, beach, park, etc. It can be either a real or an imagined place. See yourself comfortably enjoying this place. Once you’ve created it, use it whenever you feel the need to relax.

Warm Hands: Visualize your hands as warm and relaxed. You might imagine them in a bucket of warm water, near a fire, or in a warm pair of fleece gloves. Perhaps you can even begin to feel the warm blood flowing down into your hands and into your fingertips. Your hands are warm and relaxed.

Spice Up Your Life!

Thinking Outside the Recipe Box

By Sharon Palmer, RD

Scientists are confirming what people have suspected since the beginning of time: culinary herbs and spices can do more than just spice up a bland dinner menu—they can help to improve your health.

Before modern medicines came in golden plastic tubes, healers all over the globe harvested plants to impart unique physical benefits. Now studies are suggesting that perhaps some of these country medicines may indeed offer protection against disease.



Leafy Herbs as Disease Fighters

Leafy herbs are also being showcased for their generous levels of phytochemicals and antioxidants, compounds known to have health-protective benefits.

Phytochemicals, plant compounds that have unique health benefits from



cancer protection to vision protection, are found in a variety of plant foods. A single serving of vegetables may contain over 100 different phytochemicals. Antioxidants are compounds that round up harmful free radicals, cancer-causing molecules generated in the body when we are faced with exposure to pesticides, smoke, fumes, and pollutants. By removing free radicals in the body, antioxidants may work to help prevent cancer, heart disease, and other chronic diseases.



Phytochemicals and antioxidants are abundant in fruits and vegetables, but now some herbs are being highlighted as reliable sources of these compounds in the diet. Herbs in the oregano family may have higher antioxidant activity than vegetables, fruits and spices, according to USDA researchers.

Cinnamon and Spice is All That's Nice

The spice stirring up headlines lately is one of America's favorites—cinnamon. The seasoning as old-fashioned and nurturing as grandma's apple pie has been associated with boosting insulin activity.

Scientists at the Agriculture Department's Human Nutrition Center studied 60 people with type 2 diabetes, giving half of them varying dosages of cinnamon capsules. The study participants experienced an 18% to 29% drop in blood glucose after 40 days of 1, 3, or 6 gram daily doses of cinnamon. The impact on blood levels remained low for 20 days after the cinnamon dosage was stopped and was the same with all doses of cinnamon. The small dose of cinnamon appeared to have the same effect as the larger dose of cinnamon. One gram of cinnamon is approximately equivalent to 1/2 teaspoon.

The cinnamon regimen was also associated with improving the study participant's blood cholesterol and triglycerides levels. The active ingredient in cinnamon that scientists attributed these health benefits to is polyphenol polymers with insulin-like action. Cloves, bay leaves, and turmeric have shown similar effects in studies.

Can Curry be Brain Food?

A new study with rats has associated small doses of curry with protecting the brain against Alzheimer's disease. It is thought that the spice protects cells, tissues and arteries against the damaging effects of free radicals in the bloodstream. Mounting evidence is relating this type of cellular damage in the brain to Alzheimer's disease. Turmeric, containing high levels of phenols, is the natural spice that gives curry powder, a blend of several spices, its yellow color.

Researchers are calling for studies on humans to further investigate the role of turmeric in Alzheimer's disease.



A Zest for Life with Herbs, Spices

Health experts have long been pushing spices and herbs as a healthful way to add zest to foods and replace salt in the diet at the same time. Various culinary herbs and spices have been associated

SELECTED CULINARY HERBS AND SPICES FOR GOOD HEALTH

May help protect against cancer:

Garlic, onions, chives, leeks, mint, basil, oregano, sage, thyme, rosemary, parsley, linseed, ginger, turmeric, dill, celery, coriander, fennel, cumin, anise, caraway

May help improve glucose control or insulin activity:

Fenugreek, linseed/flaxseed, cinnamon, garlic, onions, bay leaves, cloves, cumin, turmeric

May help lower blood glucose, cholesterol, triglycerides:

Cinnamon

May help lower cholesterol:

Garlic, linseed, fenugreek, lemongrass

with health benefits over the years. Scientists are looking at traditional ethnic diets, such as the Mediterranean and Latin American diets, rich in leafy herbs and plant foods, as healthful eating models today.

As we age, face chronic disease, and take medications, our taste acuity often declines, leaving food bland and boring. It's not uncommon to find seniors complain that their food is tasteless while they push away their plate. This shut



down in taste acuity may in turn decrease the appetite leading to undesirable weight loss. The use of flavorful herbs and spices can increase the palatability of food, thus promoting a better appetite and nutritional consumption.

These culinary herbs and spices also tend to impart colorful eye appealing and aromatic qualities that further stimulate the appetite. From saffron rice to pesto, many foods owe their colorful shade to herbs and spices. And just the smell of cinnamon rolls baking in the oven or oregano bubbling in the spaghetti sauce may cause most folks' appetite to soar through the roof.

Herbs and spices can be added to a number of dishes to jazz them up. Try including them in soups, breads, muffins, biscuits, pancakes, mustards, dressings, marinades, sauces, dressings, stocks, meats, pastas, egg dishes, side dishes, casseroles, soups, salads, desserts, cereals, fruits, and beverages. Fresh, leafy herbs are generally best tossed into recipes at the last minute, as long amounts of cooking may deteriorate their texture and flavor.

Think outside of the recipe box; try experimenting with bold new flavors in your classic kitchen creations. ■

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

Taking Technology to Heart

Defibrillators Approved for Home Use

By Ursula Furi-Perry



There's no doubt you're close to your loved one's heart, but could you save that heart from serious trouble?

"Six hundred and eighty Americans lose their lives to cardiac arrest every day," says Jean Erdtmann, preparedness expert for the American Red Cross national headquarters. "Cardiac arrest can happen anytime and anywhere, but it's a tragedy that can and should be prevented."

In fact, in the event of a cardiac arrest, over 50% of lives are saved by automated external defibrillators, or AED's. "During cardiac arrest, the patient goes unconscious, often appears not to be breathing, doesn't respond, and there's no pulse," Erdtmann explains. "AED's are particularly critical because they will shock the patient's heart and bring his or her pulse back. For every minute delayed, the chance for survival decreases by 10%."

In the case of heart failure, would you be prepared to help your loved one at home while waiting for critical medical help? Caregivers can now answer "Yes" and arm themselves for just such an emergency with the Food and Drug Administration's recent approval of HeartStart Home Defibrillator for consumer purchase without a prescription. Now, this potential life-saving device can even be purchased online.

"Home defibrillators are another avenue for placing the emphasis on saving lives," Erdtmann says. HeartStart, manufactured by Philips Medical Supply, is marketed as being interactive, safe for home, and simplified for everyday use. "When we conducted studies for over-the-counter clearance, we made sure that the defibrillator was

designed to be extremely easy to use, even by those unfamiliar with its uses," confirms Wendy Katzman, business director for the Philips HeartStart Home Defibrillator.

"The defibrillator is equipped with icons that make instructions clear," Katzman explains. "Users pull a handle to activate voice instructions, which make it easy to determine what steps to follow." The voice instructions stay with the user: the defibrillator can sense where users are in the process and give extra instructions accordingly.

"(Once placed on a patient's chest,) the defibrillator will make a decision whether a shock is needed — if not, it actually won't let users shock the patient unnecessarily," says Katzman.

"Home defibrillators are even easier to use (than those intended for medical professionals) because they literally tell people what to do," agrees Erdtmann.

Already for sale at Amazon.com and Drugstore.com, with the click of a mouse and about \$1,500, caregivers can buy HeartStart for their home use. Other models are also available:

HeartSine Technologies manufactures the Samaritan AED (about \$1,400 online,) a defibrillator that's light and easy to use and features voice commands, text displays, and two user data cards with written instructions.

Zoll AED Plus (Zoll Medical Corporation, approximately \$1,400 online) also features simple voice instructions and extensive verbal and written feedback, which are meant to reinforce the user's CPR training.

"Most units are similar in concept," says Alan Baek, sales manager at American AED, which distributes and sells defibrillators nationwide. "They share two key characteristics: they instruct the user through voice com- ▶



mands, and won't shock the patient unless the unit determines that a shock is necessary." Defibrillators are available through the manufacturer's website and through regional distributors like American AED.

Note that sellers may require a doctor's authorization before use. "The only unit that doesn't require a doctor's note at this time is the HeartStart," Baek says. Currently, insurance companies and Medicare don't cover AED's, but have budged in extreme cases. "For example, where a patient cannot leave the hospital without access to an AED, insurance companies may cover the expense," Baek says.

Home defibrillators can provide a wonderful assurance to caregivers—should the worst happen, caregivers may better assist their loved ones with the help of a home defibrillator. "Cardiac arrest often comes with no warning," Katzman explains. "The key to survival is usually timely defibrillation. By having a home defibrillator on hand, caregivers can better prepare for an emergency."

Users must be familiar with AED's before beginning treatment. In fact, both the American Heart Association and the American Medical Association have adopted measures in support of home defibrillators (see AMA Policy H-440.890,) but caution users that proper training is essential before use. The FDA warns about possible risks on its website and likewise urges users to receive proper training.

The training materials provided with

the defibrillators are intended to make it safe and effective for virtually anyone. Materials include a 15-minute training video, an owner's manual, and a quick reference guide. "Take time to be familiar with the defibrillator," Katzman recommends. Caregivers may also take advantage of coupons for CPR and first aid training which come with some AED's.

An increasing number of training programs now routinely incorporate training on the use of defibrillators. "At least one person in the household should be trained in first aid, CPR and the use of AED's," recommends Erdtmann. "CPR training may be essential for those using home defibrillators. In fact, there may be times when the AED tells a user to perform CPR—therefore, it's important for users to be properly trained in all areas."

However comfortable you may feel about using a defibrillator, don't ignore the need to call for medical help: call 911 when a heart-related emergency arises. "Caregivers, who are often already overtaxed, must understand when to call for help," Erdtmann emphasizes.

Yet while you wait for help to arrive, your defibrillator may help immensely. "Having (a defibrillator) on hand while waiting for medical help can be the key to survival," says Katzman. "As time is of the essence, it's important for caregivers to know that they can make a difference." With swift thinking, that difference may mean the difference between life and death.

"Through proper training and use of defibrillators, we can help decrease the number of lives lost," Erdtmann says. "If we just decrease that number by 5%, it will mean 25,000 fewer deaths due to cardiac arrest annually." ■

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A Caregiver's Guide

AVOIDING ACCIDENTAL OVERDOSING

By Karen Luna Ray

Deaths resulting from medication errors number highest amongst the elderly. Caregivers often dispense medication to their elderly loved ones leaving the caregiver on the hot seat should an overdose occur.

The risks involve many types of medication errors, among them overdosing, dispensing the wrong medication and "medication cocktails." Studies have shown improper dosage amounts to be the most common type of error.

The elderly are especially susceptible to medication errors for several reasons. Monika D. Rodgers, CMA, CCMA, CMAA, explains: "Failing eyesight, the use of multiple drugs, either prescribed or purchased over-the-counter, confusion, or difficulty in remembering whether a medication was already taken is among the most common causes of accidental poisoning in older people."

Rodgers, a certified medical assistant, is a member of the AAMA and NHA, and former medical assistant instructor at well known vocational training institutions in Massachusetts. Known as Danni R. on the Internet, Rodgers currently teaches online classes in medical assisting, medical terminology, pharmacology and anatomy.

For safety sake, caregivers must sometimes take control of handling their elderly loved one's medications. Caregivers preferring to weigh in on the side of caution should know there are ways to help guard against medication errors:

1. Become familiar with the medication.

Read the instruction sheet dispensed with medications. Note dosage, possible side effects and pay special attention to the warnings.

RESOURCES:

- **FDA website on AED's:** www.fda.gov/hearthealth/treatments/medicaldevices/aed.html
- **American Heart Association:** (888) MY-HEART, website: www.americanheart.org
- **American Red Cross—Health, Safety and Community Services Website:** <http://www.redcross.org/services/hss/>

2. Keep a current checklist of the patient's medications. Note generic name, as well as the brand name of the drug. A copy of the list should be stored with the meds in case someone else has to prepare them.
3. Keep current medications together. Remove other medications from the immediate storage area.
4. Treat over-the-counter medications with the same care as if they had been prescribed. Check for warnings about interactions with medications prescribed by the doctor. If something is not clear, ask the pharmacist or the doctor.
5. Be certain every doctor your elderly patient sees has a complete list of medications, including the patient's dentist and ophthalmologist. The list should note any known allergies or adverse reaction to drugs taken in the past.
6. Avoid error when sorting medications into weekly pill planners. For example, as you finish sorting one bottle of medication, turn that upside down to show you've already dispensed that medication.
7. It is best to leave medications in the container they came in to avoid mixing similar looking pills or medications with similar sounding names.

Rodgers advises, "Caregivers should not converse during medication administration, and rather, concentrate on the task on hand, because attentiveness is the most important aspect of safety." Caregivers in the home should take special note of this advice, as it has been

this writer/caregiver's experience that household members or visitors to the home tend to take the opportunity to sit and chat while the caregiver prepares meds.

Rodgers advises caregivers administering medication to know the safety guidelines in pharmacology, giving the "Five Rights" as a widely accepted rule of thumb:

1. Right patient
2. Right drug
3. Right time and frequency of administration
4. Right dose
5. Right method for administration

New medications prescribed, or over-the-counter medications purchased, for the elderly patient may leave caregivers concerned about the mixture of drugs the patient takes and possible bad interactions of those drugs.

Matthew C. Grissinger, RPH, FASCP, a medication safety analyst for the Institute for Safe Medication Practices, advises, "This information should always be addressed when prescriptions are picked up at the pharmacy." This is the consumer's opportunity to get questions answered by a pharmacist prior to the patient taking the medication.

Grissinger encourages consumers to use only one pharmacy, if possible. "Pharmacists cannot do a proper drug-drug interaction screening if they don't have your entire medication profile, including over-the-counter medications as well as any homeopathic or herbal remedies." If they can't use just one pharmacy, Grissinger suggests consumers have a complete medication list with them at all times, containing the following information:

- Drug names
- Dosages
- Frequencies
- Indications for use
- Any patient drug allergies, as well as their reaction to the drug

Medications that the consumer took previously but no longer takes and the reasons why (i.e. allergic reactions, it didn't work, etc.) This is important for physicians to know before they prescribe new medication.



In case of an overdose or suspected overdose, caregivers must keep a clear head and know what action to take. "Caregivers should always call 911 first if they feel that it is a 'life or death' situation," Grissinger says. Contact numbers to have at hand are the patient's physician and pharmacist, as well as a nearby poison control center.

As for overdose symptoms, Dr. Barry Fabius, CMD, medical director of geriatrics for the Holy Redeemer Health System in Pennsylvania, advises, "Changes in mental status are a common presentation of drug overdose or drug side effect in the elderly. The individual may have a change in the level of consciousness with lethargy, somnolence, malaise, or a change in behavior, such as agitation."

However, in cases where a caregiver suspects an overdose, but does not notice any symptoms, they should not assume all is well. Dr. Fabius warns, "Unfortunately, many overdoses do not give 'warning signs' as in the case of cardiac arrhythmias (changes in heart rhythm) which can be lethal, so the most important step is to notify your physician of any suspected drug overdose." ■

Karen Luna Ray is a former caregiver and writer living in Hugo, Oklahoma. She can be reached at karenray@1starnet.com.

SOURCES FOR READERS

Institute for Safe Medication Practices

<http://www.ismp.org/Pages/Consumer.html>

Medication Errors in the Elderly (Danni R's website—Medical Assistant Pharmacology)

http://www.mapfarm.com/med_error_elder.htm

Poison Control

http://www.medicinenet.com/poison_control_centers/article.htm



OPTION: LONG-TERM CARE INSURANCE

Long-term care insurance may be the right approach to long-term asset protection for those who are now in good health and are reluctant to either give away assets or commit to an irrevocable trust.

If nursing home care is required, the three or four years of benefits under the long-term care policy cover the nursing home bill while the policyholders divest themselves of assets and wait out the Medicaid "penalty period" that results.

For those who can avoid a nursing home but need assistance to stay at home, long-term care insurance can be especially helpful. Medicaid can be sought for home care, but the financial eligibility requirements force individuals to reduce their liquid assets to the poverty level. In addition, any monthly income beyond approximately \$600 to \$700 per month must be used for the home care, and Medicaid picks up only the rest of the expense. An individual

on home Medicaid may retain a home or cooperative apartment, but that asset is subject to a claim by Medicaid for reimbursement after death.

Home care typically costs less per day than nursing home care, and thus the benefits of the long-term care policy may be spread out over a longer period such as five or more years.

The costs of long-term care insurance vary depending on the size of the potential daily benefit chosen and some other options such as inflation protection, but individuals in their early 60s can expect a yearly premium in the range of \$2,000 to \$2,500. A husband and wife who purchase the coverage can usually obtain a discount on their basic premiums. One attractive feature for some couples is the option to have any unused coverage on the husband's policy pass to his wife after his death, or vice versa.

— Howard F. Angione

RESOURCES

For more information on protecting assets, check out these resources:

Understanding and Choosing a Financial Advisor
www.aarp.org/financial_advisors

Financial and Legal Concerns for Seniors
www.wiltonlibrary.org/senior/finance.asp

Handling Your Parent's Resources
<http://dev.RetirementWithAPurpose.com>

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