

# Caregiver's

## HOME COMPANION

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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

## Alcohol and the Elderly: An All-too-Common Bond with Serious Consequences

By Paula McCarron



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 [psm@wordbyword.net](mailto:psm@wordbyword.net).

Falls, tremors and memory loss are considered part of the typical aging process, but they can also signal that an older loved one is suffering from alcohol use or abuse—all-too-common conditions among our elderly that today border on epidemic in the nation's nursing homes.

According to the National Institute on Alcohol Abuse and Addiction, 6% to 11% of the elderly admitted to hospitals in the United States show signs of alcoholism. That number jumps to 14% for emergency room visits. And if those numbers aren't eye-popping enough, 49% of all nursing home residents exhibit symptoms of alcoholism.

Unfortunately, it is not often easy for caregivers to distinguish between the signs of aging and alcoholism. For example, falls, tremors and memory loss can indicate either condition.

"Where two or more beers a day might have been fine at a younger age, that same amount can become a problem as one ages," says Stephan Arndt, Ph.D., director of the Iowa Consortium for Substance Abuse.

Why are older adults so vulnerable to the negative effects of alcohol? First, as we age our bodies have less tolerance to alcohol. In the aging process, body fat increases while lean muscle mass decreases, creating a drop in total body water. Alcohol travels undiluted through the body, resulting in higher levels of blood alcohol concentration. Also as we grow older, we produce less of the enzyme need to ►

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**Alcohol and the Elderly**, continued from page 1  
metabolize alcohol so more alcohol moves through the stomach directly into the liver.

For all these reasons, older adults who consume two or more alcoholic drinks daily are at risk for developing a number of health problems including stroke, heart disease, high blood pressure, various forms of cancer and diabetes.

At even higher risk are individuals over the age of 65 who use prescription or over-the-counter drugs such as tranquilizers, pain killers, sleeping pills or antihistamines. These older adults risk becoming "accidental addicts" or experiencing injury or death either by accident or suicide. With 30% of all Americans over the age of 65 taking eight or more prescription drugs daily, it's obvious why high numbers of the elderly end up in hospitals, emergency rooms or nursing homes with alcohol-related problems.

So how can family caregivers help an older loved one to quit drinking?

First, learn the facts and myths surrounding alcoholism. "One of the biggest myths is that no one can help another person to quit drinking unless that person wants help," says Debra Jay, co-author of *Ageing and Addiction* (Hazelden Publishing 2002). "That kind of thinking often means we end up doing nothing. Instead of thinking there is nothing we can do, we need to ask ourselves: What will make Mom accept help?"

Jay, who advocates a "Love First" approach, says, "For the older adult, there's a lot of shame around being an alcoholic. They may refuse help out of fear of what others will think. To the adult child, this may not matter, but it matters quite a bit to the older adult. It can be very helpful to say something like 'Alcohol is taking away your good reputation but recovery can give it back'."

"What you don't want to do as a family member is to wait until the older adult hits bottom," says Jay. "For the older adult, hitting

bottom can too often result in death."

If your loved one does indicate that he or she wants to quit drinking, it's wise to seek the advice of a physician. Withdrawal from alcohol places tremendous stress on the heart, which may lead to stroke or death. A physician may advise your loved one to enter a detox center or hospital to ensure safety.

The next step may be admission to a treatment center. While some treatment centers specialize in the care of the elderly, many do not. If your loved one is admitted to a treatment center, be sure to ask what kinds of adaptations can be made to meet the needs of your older loved one. Day treatment is another option.

"Remember that once someone is out of treatment or is sober, they are not cured," says Jay. "This is a chronic illness."

Many people turn to Alcoholics Anonymous for help. In fact, one third of those currently attending AA meetings are over age 50. This means an older person is likely to find others there who will understand their particular concerns.

Regardless of whether a parent is willing to seek help, family caregivers can themselves attend Al-Anon meetings, seek out counseling, or enroll in the family care program of a treatment center.

"Though it may take repeated attempts before a loved one is ready to seek help, this disease unfortunately always gives the family another chance to step in," says Jay. Some new crisis—a fall, a missed appointment or a hospital admission—will give family caregivers the opportunity to once again intervene on behalf of a loved one.

Jay says, "It's worth it to keep trying. We can give our parents the gift of sobriety so they can share all the gifts they have to offer us. We lose out when we lose the older generation to alcoholism, and they lose out on the chance to leave a different legacy than the legacy of alcoholism for their families." ■

## RESOURCES:

Ageing and Addiction online at [www.agingandaddiction.net](http://www.agingandaddiction.net). A rich source of articles, information, and help for family caregivers concerned about alcohol or medication addiction of older loved ones.

*How to Talk to an Older Person Who Has a Problem with Alcohol or Medications*, a guide for family caregivers produced by Hazelden, one of the leading substance abuse treatment centers in the US.

Visit [www.hazelden.org](http://www.hazelden.org).

*Alcohol and Aging—Alcohol Alert #40*, 1998, National Institute on Alcohol Abuse and Addiction.

Visit [www.niaaa.nih.gov](http://www.niaaa.nih.gov).



# Don't Confuse Confusion for Dementia

By Sharon Palmer

Last night your mother cheerfully stirred milk into her favorite teacup filled with steaming tea while regaling you with stories of winter days from her childhood, but tonight she seems to stare at the teacup and teaspoon as if she doesn't have a clue what to do with them.

Don't panic. It's not necessarily the beginning of dementia or Alzheimer's disease.

Alzheimer's has been getting a lot of press in recent years, leaving people on the look out for the first signs of confusion in their loved ones, assuming that they automatically signal the coming of the grim reaper, Alzheimer's disease or dementia. But many health problems can promote temporary confusion in the elderly. A lack of oxygen, hypothermia, medications, dehydration, infection, electrolyte imbalance, low or high blood sugar, a change of environment, fecal impaction, and nutritional deficiencies are only some of the reasons that an elder can experience confusion.

## Confusion, the Great Symptom

Confusion is usually a symptom of delirium or dementia. Physicians are urged to assume the condition triggering confusion is delirium, an often reversible disorder, until the confusion is otherwise identified, according to the journal *American Family Physician*. Since delirium is associated with an increased risk of mortality, it is not something to be taken lightly by caregivers or health-care providers. Delirium is a transient global disorder of cognition and consciousness. The delirious patient may

also have psychomotor and emotional disturbances.

In most patients, delirium due to a medical condition is reversible with treatment of the underlying condition. Risk factors for delirium are unfortunately common in the elderly and include being over 65 years of age, a diagnosis of dementia, hospitalization, acute illness or injury, postoperative status, underlying psychiatric disorder, poor nutrition, acute stress, history of substance abuse, history of serious disease, family history of mental illness, cancer, or impaired ambulation.

The statistics on delirium are noteworthy: fully half—50%—of the elderly in one hospital study were found to suffer from delirium, and more broadly, patients with three or more risk factors were found to have a 60% likelihood of delirium. The condition can last days, weeks or months, but usually it is reversible. Symptoms are worse in the late afternoon or evenings.

Dementia is displayed by a decline in intellectual functioning to the point that the individual cannot perform the normal activities of daily living. Dementia is the most prevalent organic mental syndrome in the elderly. Dementing diseases in the elderly include Alzheimer's disease (now known as dementia of the Alzheimer's type [DAT]), vascular dementia, and other disorders. An estimated 4.5 million Americans suffer from Alzheimer's alone.

The speed with which confusion progresses is an important piece of the puzzle in tracing its roots. Most treatable conditions spurring confusion have a rapid onset, whereas dementia, usually

an untreatable form of confusion, generally affects the individual gradually.

## Confusion Warning Signs

If you're wondering how to tell whether an elder is experiencing confusion or merely having a bad day, here's a list of confusion warning signs:

- Jumbled or disorganized thoughts
- Unusual, uncharacteristic, bizarre, or aggressive behavior
- Difficulty problem solving, a general diminished intellectual capacity, or difficulty performing routine tasks
- Inability to identify family members, familiar items, time, or surroundings
- Impaired short-term memory
- Delusions (firmly held false beliefs)
- Hallucinations (sensing things that are not really there)
- Paranoia (unfounded suspicions)

## Tracing the Roots of Confusion

Some of the medical conditions that may bring on confusion are not to be taken lightly. Confusion may be a sign of a greater health problem that should be reported to the healthcare provider immediately so that it can be diagnosed and treated. Some serious medical conditions that push confusion to the forefront include head injuries, stroke, transient ischemic attack (TIA), epilepsy, brain tumor, COPD, cardiac problems, hypertension, diabetes, kidney failure, liver failure, Parkinson's disease, and infection.

Confusion may also be triggered by asthma, depression, thyroid problems, hypothermia, heatstroke, decreased oxygen, exposure to toxins, alcohol abuse, prescription and nonprescription

**Confusion**, continued from page 3  
medication use or withdrawal, decreased hearing or vision, electrolyte imbalances, low or high blood sugar, nutritional deficiencies, fecal impaction, or sleep problems.

### Confusion in a Pill Bottle

Medication is a major cause of confusion in the elderly. A 1990 study in North Carolina found that among older adults receiving home care, six of nine most frequently prescribed drug groups were medications often associated with drug-induced confusion. With so many healthcare providers and specialists potentially prescribing medicine, they may not be aware of all medications an individual is taking and the possible drug interactions between these medications. Every time you take your loved one to a healthcare provider, bring in the prescription and non-prescription medications he or she is currently taking so that the practitioner is aware of every medication currently in use.

Medications frequently responsible for delirium include anticholinergic agents, benzodiazepines, cardiovascular agents, xanthines, and both narcotic and nonnarcotic analgesics. Over-the-counter medications, such as antihistamines and anticholinergics, can also cause delirium. Medications associated with confusion include analgesics (narcotic and nonnarcotic), antihistamines, antihypertensive, antimicrobials, antiparkinsonian drugs, cardiovascular drugs, hypoglycemics, psychotropic drugs (anxiolytics, antidepressants, antipsychotics), hypnotic drugs, cimetidine (Tagamet), steroids, and xanthines.

Also be aware that the rapid withdrawal of prescription and non-prescription drugs can sometimes prompt confusion.

When signs of confusion confront you, instead of being alarmed, take your loved one to their healthcare provider and track down its roots. There are many ways that you, as a caregiver, can become an important link in treating the confusion. In fact, by providing a stable, warm, secure environment for your loved one, you may become one of the best weapons in battling confusion. ■

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# Designing for Care & Comfort

## Tips for Creating a Safe, Inviting Caregiving Suite for Your Loved One

By Stephen Saint-Onge

**B**efore I get started with any home design project, I like to take the time to get to know the family I'll be working with. I like to know their favorite things and how they plan to use the space I'll create for them. Through the years, I've done many makeovers, but creating a caregiving suite is one of the most meaningful projects I have ever accepted.

Obviously, caregiving requires a great deal of emotional and financial decision-making for the caregiver and the elderly. Oftentimes, however, I find that families also have trouble navigating through the décor adjustments that must be made to accommodate the needs of chronically ill, disabled or aging loved ones in their home. The thought of creating a safe and comfortable caregiving environment in your home may seem overwhelming at first, but it doesn't have to be.

As part of the Designing at Home campaign sponsored by Philips Electronics with participation from caregiving experts, I created a caregiving suite that illustrates how consumers can effectively and affordably combine style with their loved one's healthcare needs. The campaign, which features quarterly makeovers on the [www.designingathome.com](http://www.designingathome.com) website, was created to provide tips and resources for caregivers who are looking for ways to incorporate advanced, easy-to-use technologies into their home environment.

Our team collaborated with

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*Editor's Note: Stephen Saint-Onge is a nationally recognized home and style designer. He is currently involved with Designing at Home, a nationwide campaign highlighting makeovers of various rooms in the home, including creation of a caregiving suite. Saint-Onge has been featured on several TV programs, including Oprah, The View and CNN.*

Suzanne Mintz, co-founder and president of the National Family Caregivers Association (NFCA), to learn more about the healthcare standards and considerations inherent with in-home care. Pairing NFCA's resources with my expertise in home design, we created an oasis of caregiving comfort without sacrificing safety and function.

Here are a few tips you can implement in your own home:

**Add a personal touch.** If a loved one is coming to live with you, nothing can make him or her feel more at home than adding a personal touch to the space. Creating a decorative "memory wall" within the caregiving suite will allow your family member to have a unique place to reminisce about many of the special memories and moments from his or her lifetime. It also provides a sanctuary for many personal belongings like select heirloom pieces, artwork and portraits.

**Light things up.** Adequate illumination in the bedroom and bathroom helps prevent slips and falls in the caregiving suite and, ultimately, helps foster a loved one's continued inde-





pendence. The goal is to set up the suite with natural-looking light that also can help make the area inviting, as well as provide the necessary lighting for the care recipient to read, knit or even work on the computer. Sunlight is one of the best natural sources of light that can also add warmth and comfort to the space. Put a reading chair next to the window (along with a lamp) and let the sun shine in all through the year.



**Think about color.** Color can be an important factor for determining the mood and function of your room. For example, cool colors such as blues and greens promote relaxation while warm colors like yellow stimulate activity. Similar colors within a close proximity can cause confusion for those with diminishing vision or fading into dementia, so use contrasting light-dark and cool-warm color combinations for vertical and/or horizontal surfaces. After all, you want your loved one to feel cozy and comfortable, and choosing an engaging color is an effective way to start.



**Remember accessibility and safety.** From shower seats to railings, medical supply companies provide a variety of daily living aids that help caregivers provide resources to their aging family members that allow them more mobility and freedom. For example, railings can increase your loved one's feeling of independence, safety and privacy in the bathroom. Wider doorways and hallways throughout the caregiving suite

can better accommodate assisted walking if needed, making it easier for loved ones to move in and out of rooms. Lever handle doorknobs, rather than round doorknobs, also make it easier for loved ones to open and close doors, especially those who suffer from arthritis.

**Review your home safety checklist.** Several organizations, including the NFCA, provide online safety checklists designed to insure that loved ones are protected. While you should be creative and consider comfort for your loved one, also compare these design elements to safety precautions such as the placement of electrical outlets, floor surfaces (i.e., hardwoods, certain tiles, industrial-like carpeting), wheeled furniture, stepladders, doors with safety release locks and lead-free paint. You also should try to create wide, open space within the bedroom to promote safe, easy movement for your loved one. And, now that home defibrillators can be purchased without a prescription, you might add this device which a caregiver can use to help save the life of a person who suffers sudden cardiac arrest.

With small changes throughout your home and within the caregiver suite, you can create a warm and inviting environment for your loved ones that features both style and function for years to come—and provides a degree of peace of mind for the caregiver. ■

## COMING UP IN JANUARY

- The ethics of end-of-life decisions sweep in much more than whether to prolong or terminate life. How caregivers can deal with grief, family dissension, and even their own ambivalence in the last moments.
- PERS may be an acronym for Personal Emergency Response System, but for caregivers it may spell POM—Peace of Mind, a feeling worth its weight in gold.
- The growing Alzheimer's and dementia population has thrust law enforcement onto the front lines of care at times. Learn how today's police force is being trained to deal with cognitive disorders.
- Caregiving pulls you in many directions at once. Learn what a caregiving expert recommends to manage stress.





# Looking for a Nurse in a Haystack

## Where to Find Quality In-Home Care for Your Loved One

By Ursula Furi-Perry

Caregivers who are interested in hiring full-time or part-time care often look long and hard just to find the place where they may find the right person. "It was a tough subject to research," recounts Donna Baldwin, family caregiver of 15 years and consultant at Children of Aging Parents. "It's difficult to figure out just where to look for quality in-home care."

But the task is manageable, with successful results every day, providing caregivers take a diligent approach. The first step, experts say, is to assess the type of care your loved one will need.

"Where to look for a home aide depends largely on the types of services the loved one needs," says Ann Howard, director of federal policy at the American Association for Homecare. "Some may need skilled care, like nursing or therapy, while others need merely personal or custodial care."

Nurses and therapists may actually be easier to find: consider going to your loved one's physician's office for recommendations for these skills. If your loved one qualifies for the Medicare Home Health Benefit, then Medicare-approved caregivers may also provide the missing link. If your loved one needs more personal or everyday help, however, the search might prove more lengthy and strenuous. And picking someone with all the right qualifications may be tough. "On a particularly difficult case where specific services were needed by a patient, I spent a whole day calling around and still didn't get anyone who was perfectly qualified," Howard recounts.

Home health agencies may be one of the best tools for stumped caregivers. "Agencies take some of the burden off caregivers, as they take care of the screening, background checks, certification, and training of in-home caregivers," Howard says. In addition, agencies usually handle payroll and employment matters. "If you hire directly, you become the employer, which can place additional burden on caregivers," says Fran Hernandez, operations manager at Right at Home Agency in Nebraska. "You may be burdened with taxes, bonding, insurance, and legal and financial liabilities." Of course, those who prefer handling the interviewing and hiring process on their own may not want to trust an agency with those tasks.

It's also important to recognize that picking a particular caregiver doesn't always work out; in the event of a falling out, home health agencies may be quicker to provide a replacement. "If you start with someone and are not happy, an agency may provide more choices," explains Baldwin. On the other hand, caregivers may not set their own prices and terms of

employment when dealing with agency-affiliated home care. "It may be less expensive to hire directly," says Howard, "but be sure to take all other factors into consideration."

Consider beginning your search online, scouring information referral services. In fact, Medicare's website houses a useful and valuable Home Health Compare tool ([www.medicare.gov/HHCompare/Home.asp](http://www.medicare.gov/HHCompare/Home.asp)), which allows caregivers to search for home health agencies by location and services needed, and then compare up to 10 agencies' performance based on a variety of criteria, including the percentage of patients who get better at certain everyday tasks.

"Other eldercare organizations' websites are also valuable to caregivers when looking for home care," says Hernandez. "These search and comparison tools will bring up a number of qualified companies, as well as let consumers know about the agencies' benefits, services, and philosophy of care." In particular, try the websites of the American Association for Homecare ([www.aahomecare.org](http://www.aahomecare.org)) and the National Association for Home Care ([www.nahc.org/Consumer/coninfo.html](http://www.nahc.org/Consumer/coninfo.html)). Also, Internet search tools may be especially helpful for long-distance caregivers, where face-to-face recommendations are tougher to obtain.

Naturally, everyday conversations and word-of-mouth recommendations are also a great method of finding reliable help. "Caregivers can join support groups and discuss potential candidates," Baldwin advises. "Often, other members from the group have used certain providers and can make recommendations."

Word-of-mouth recommendations can give caregivers the positives and negatives behind a particular service or individual, but do follow up with your own research and make sure the recommended provider is right for your loved one's needs. "Talk to the agency's former clients for testimonials as well," Hernandez recommends.

Newspaper advertisements may work, particularly if you've decided to forego home health agencies and hire on your own. But be wary of relying solely on this method. "With newspaper advertisements, you just don't know what you're getting," Hernandez says. Howard recalls choosing a direct-hire caregiver for her mother: while the people answering her ads seemed qualified, they often didn't work out — in this case, the family must start the hiring process all over again.

One final suggestion: If you've decided to hire directly, look for certification and bonding of the caregiver, and look into performing a criminal background check and abuse registry search. ■

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# 'How I Cope'

## Making and Living With a Difficult Caregiving Decision

By Paulette Kaufman, RN

**T**he decision to place a loved one in an assisted living facility is a difficult but frequently unavoidable step. Even though the choice may be absolutely necessary, the person forced to make the decision for their spouse or parent often feels an overwhelming sense of guilt.

When the time came for me to decide to place my mother, who suffers from Parkinson's disease, into assisted living, I knew as a nurse that it was the best decision for both my mother and me. All the same, I felt an enormous amount of guilt, and when I came home after helping my mother move into her new community, I broke down, sobbing.

Today, I work as a marketing counselor for the facility where my mother lives—so I see her every day and know firsthand that she receives excellent care—yet there are still times when I fail to hold back the tears.

Many caregivers who decide to put their loved one in an assisted living facility think they have failed them somehow, even if they have already spent years caring for them and simply cannot do so any more. I had been taking care of my mother for three years before bringing her to live in a long-term care community, helping her with daily tasks and spending every other night at her house. I even managed to make it a family effort, with my son easing much of the burden during his summers home from college. My mother did not want to leave her home, and I did all I could to see that she would not have to leave.

But eventually that time came: My mother broke her foot in a fall, but she hid the injury from me. Patients are often able to minimize the ill effects of

Parkinson's for a time, but eventually they will require frequent or constant assistance from a caregiver. My mother's fall was a sure sign that she could no longer live on her own.

In some respects my mother and I have been fortunate, in that she was aware of her doctor's instruction and conscious of the reasons for entering an assisted living facility. Children and spouses of Alzheimer's patients, on the other hand, must bear the full weight of responsibility when choosing the option of assisted living, though many spend months or even years denying this fact.

Usually, when it comes time to seek out an assisted living facility for an Alzheimer's patient, that patient has already reached an advanced stage of the disease and likely exhibits a number of disturbing symptoms. If the caregiver has decided that it is time to consider assisted living, the patient may already be in need of help with dressing, shaving, eating, and even using the bathroom. Compounding the grief of this decision is the realization that the patient will probably be confused by the move and unaware of the suffering of the caregiver in placing them in assisted living. Like I did, people begin to cry at times. Depression and anxiety, caused by guilt, sometimes become acute.

But there are a number of things one can do to diminish feelings of guilt. In my case, besides visiting my mother every day, I always make sure that she has fresh flowers in her room. When she was able, she spent a lot of time in her garden, and the flowers help her to experience a bit of the garden all the time.

On Sundays, I spend the day with my mother in my home, picking her up

early in the morning and taking her back to her assisted living facility in the evening. I try never to miss a week.

Beyond that, it helps to remind oneself of the advantages that an assisted living facility affords. Working in the community where my mother resides provides me with some added insight into those advantages, for which I am grateful. Besides the obvious—the physical aspect of care—there is the always-important social aspect of continuing care communities. My mother, even before entering the facility, was very antisocial, and I even made a friendly bet with the staff that they would not be able to get her out of her room. For three and a half years I was winning that bet, but six months ago, after much persistence on the staff's part, they finally got her to participate in the events.

One day recently, while I was with my mother, she took out a quarter from a drawer in her room. Though Parkinson's makes it difficult for her to speak, she managed to say, "Cards"—my mother had won the quarter playing cards. She never used to play cards.

Despite moments like these, which remind me of all that an assisted living facility offers that I alone could not, the guilt and the grief never entirely go away. But I know my decision was the right one, and I know that I am not alone in feeling involuntary pangs of guilt. My hope is that others in my position share these same realizations. ■

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*Paulette Kaufman is currently director of sales at Keswick Pines, an assisted living facility in Whiting, New Jersey. Ms. Kaufman's mother has been a resident of Keswick Pines for four years. She can be reached at [pkaufman@keswickpines.com](mailto:pkaufman@keswickpines.com).*

## IN THE NEWS...

# CRUISING THROUGH OLD AGE— Literally!



In a recent twist on traditional assisted living, the *Journal of the American Geriatrics Society* reports that living on a cruise ship has become a feasible and cost-effective alternative to brick-and-mortar assisted living facilities.

In fact, the *Journal*, reporting in its November issue, described the at-sea option as providing the elderly with services that parallel, and in some cases surpass, those of land-locked facilities.

The question now is: will assisted living operators take this option seriously?

"Offering many amenities, such as three meals a day with escorts to meals, physicians on site and housekeeping/laundry services, a cruise ship could be considered a floating assisted living facility," said Dr. Lee Lindquist, instructor of medicine at Northwestern University Feinberg School of Medicine and co-author of the article.

"Seniors who enjoy travel, have good or

excellent cognitive function, and require some assistance with activities of daily living are ideal candidates for cruise ship care," Lindquist said.

Lindquist and colleague Robert Golub compared costs for seniors over a 20-year life expectancy after moving to assisted living facilities, nursing homes and a cruise ship, including costs of treating acute illness, Medicare reimbursement and other factors.

They found that the net costs of cruise ship living were only about \$2,000 higher (\$230,000 vs. \$228,000) than those associated with the assisted living facilities but resulted in higher quality over the 20-year period.

For example, MetLife reported in its annual survey of assisted-living costs a national average of \$2,524 per month or \$30,288 per year. Stamford, Connecticut, was the most expensive location at \$4,327 a month, and the cheapest was Miami at \$1,340. According to the MetLife study, some high-end facilities charge as much as \$4,000 or more per month.

By contrast, one month sailing on the Royal Caribbean Majesty of the Seas costs \$2,651, the researchers reported. ■



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