

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

Sorting Through the Meds Maze in the Wake of Risky Drugs

By Paula McCarron



First it was Vioxx, pulled from the market last September. Then a cloud of suspicion and concern spread over a whole class of drugs called COX-2 inhibitors that most caregivers probably never heard of until recent months. And now the painkiller Bextra is being pulled from the shelves, and popular Celebrex is carrying a warning on its label. Even the non-prescription naproxen painkiller better known as Aleve has been called into question by the FDA.

What's a caregiver to do in order to protect their elderly loved one from drugs that may do more harm than good? It's a controversial and confusing maze of medications that caregivers must navigate through every time their elderly—or even they—are prescribed a new drug.

What's safe, and what's not?

"The reality is that every medication has its risks and benefits," says Cindy Cocanower, RPh of Northwest

Pharmacy Consulting located in Bend, Oregon. "It comes down to determining if the benefits outweigh the risks. Arthritic pain needs to be treated. If an individual does not have a history of heart problems, then one of the COX -2 inhibitors might be fine. Many people find the benefit is greater than the risk since there's not much out there to substitute for effective treatment of this kind of pain that doesn't carry many of the same types of risk."

NSAIDs, or nonsteroidal anti-inflammatory drugs, are in this class of alternative medications and include ibuprofen marketed as Advil, Motrin and Nuprin and naproxen marketed as Aleve and Naprosyn. NSAIDs carry some of the same risks as COX-2 inhibitors, depending on the dose and individual's health history or risk factors. Long-term use of NSAIDs can lead to bleeding ulcers, a condition which can prove fatal.

Of the NSAIDs on the market, ibuprofen in one of the safest and least expensive. Sold in various

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Risky Drugs *Continued from page 1*

forms, ibuprofen is available as an over-the-counter (OTC) drug. Many consumers don't take into account that OTC drugs can also have serious adverse effects if used incorrectly or in situations of health risk. Consumers taking NSAIDs containing ibuprofen are likely to exceed safe doses when they use it in combination with OTC ibuprofen. As a result, long-term use in high doses can lead to liver damage.

So, in this environment of swelling controversy and confusion, how can a family caregiver begin to make a reasoned evaluation of medication safety concerns?

"First, obtain a copy of your loved one's medication profile, a document available from the patient's pharmacy," suggests Cocanower. This is a confidential health record, and family caregivers wishing to obtain a copy of the profile will need a durable power of attorney for their request to be legally honored. The medication profile shows not only which drugs have been prescribed but also how often they are refilled. If certain medications have not been refilled or are refilled at irregular times, it's important to know why. Is it a matter of cost? Forgetfulness? Or did your loved one just quit taking the medications—and if so, why?

Sometimes patients will stop taking their medications due to adverse reactions yet they don't try to find an alternative medication. "Sometimes there are adverse reactions to the drug or there can be many other factors involved such as the patient's diet, activity level, changes in medication use, all the medications being used, and underlying disease," Concanower says.

Noticing a medication problem, and knowing when it started, is a vital step in protecting and treating your loved one. "I know of one husband who does a great job of keeping a medication journal for his wife who has Alzheimer's," notes Concanower. "He keeps an ongoing calendar of any changes he sees, when they occurred and what medications are being used."

Dr. Maribeth Lavin, a certified geriatric pharmacist with Parker Jewish Institute for Health Care and Rehabilitation in New Hyde Park, New York, agrees that the role of family caregivers is invaluable in helping ensure safe medication use for loved ones. "Anything written in the news concerning drug safety requires investigation, but be sure to get accurate information from credible sources. And one of those sources is the pharmacist."

Beyond the value of their professional knowledge, the pharmacist often works directly with the patient's physician to determine the

most appropriate medications based on the patient's health, lab reports, and risk factors inherent to the medication.

Evaluation is not always easy because so many older adults are taking multiple prescription medications, OTC products, herbal supplements, and vitamins. All of these items might be just fine when used independently, but they may cause problems due to multiple effects or interactions in the body. Dr. Lavin suggests that family caregivers gather up all these items and seek the help of a pharmacist so a full evaluation can be made. This can be especially important for new caregivers who are encountering their elderly's meds stockpile for the first time.

As an added resource, use this 10-point checklist of questions to ask the doctor the next time you encounter a new drug on behalf of your loved one:

1. What exactly is this drug for, and how will I know if it's working? It may sound basic, but setting expectations is a reasonable place to start. Don't be embarrassed to take notes if needed.
2. What are the risks and benefits of starting this drug, and do you think the benefits of my loved one taking this medication outweigh any risks?
3. Based on my loved one's specific condition, is it best to go with a new drug or an old standby to treat the condition?
4. Is there a generic alternative that is either identical or nearly identical to the branded drug that would work as well at a lower cost?
5. Will any of the other prescription drugs, OTC non-prescription medicines or supplements being taken interfere with this medication?
6. Are there alternatives to this medicine, possibly involving lifestyle changes or other non-medication approaches, and should these steps be tried first?
7. What side effects should I look out for, and when should I call you about them?
8. Don't panic if a drug that has been prescribed becomes the target of a safety inquiry, but call your doctor right away to determine how to proceed. The reason: some drugs aren't designed to be stopped cold turkey. Be prepared to tell the doctor exactly how the medicine is taken, including whether recommended doses are followed at the prescribed times.
9. Some medications, including those to control blood pressure, are more difficult to adhere to than others and may require adjustments in dosage. Ask specific questions about how to monitor their effects.
10. And, finally, this is very important: Can we set up an appointment in two or three months to see how we're doing on the new drug? ■



Caregiver Journaling

Find Long-Lasting Self-Help at Your Fingertips

By Lori Ritchie

Today's elder-caregiver is turning increasingly to a simple yet surprisingly effective age-old tool to help them their daily challenges: journaling.

The process is really very simple; you don't need special tools or abilities to benefit from journaling. Yet keeping a journal—simply recording feelings and events in a private or online log—can turn into a long-lasting self-help tool leading to healing and empowerment for caregivers. And, according to studies, the time-tested practice also offers physical health benefits to caregivers.

A notebook or blank journal and a comfortable writing instrument are really all you need to begin down the cathartic path of journal writing. Allow yourself the freedom to write when you feel heavy with worry and burdens or when you are joyful about a particularly uplifting event. Caregiving carries enough demands without feeling pressured to write on a daily basis. Rigid structure isn't required to reap the benefits of this down-to-earth yet powerful tool.

Finding time to write can be a challenge for anyone, let alone a time-stretched family caregiver. The next time you are waiting at the doctor's office, consider using the time to update your journal. Journaling may even cut down on doctor visits, according to research. James W. Pennebaker, professor of psychology at the University of Texas, conducted studies that showed improved immune system functioning in individuals who wrote about emotionally difficult events or feelings for 20 minutes at a time over a three- or four-day period.

Additional research from the University of North Dakota found that

journaling reduced symptoms of asthma and rheumatoid arthritis when individuals wrote about traumatic events. Starting your day a half hour earlier or staying up a half hour later is another way to find time for yourself. Journaling before bedtime may even offer a more restful night of sleep. Caregivers who use respite services can dedicate a small portion of that time to writing.

Guided journals containing topic starters are available to help journalists get started writing. Marion Karpinski, registered nurse and author of *A Guided Journal for Caregivers*, says journaling gives caregivers an opportunity to express anger without hurting anyone and provides a way to release difficult emotions. Ms. Karpinski adds that "journaling also allows caregivers to explore parts of themselves they may not be aware of. It allows them to reflect on their life experience and to preserve memories about the person being cared for."

Another popular journaling option is the web log, or blog. A blog is a website in which authors post thoughts and photos that can be read by anyone who happens to find it on the Internet. This type of journal is interactive because there is usually an option for readers to email the author of the blog. Most blogging services are free and easy to set up.

Lawrence, a spouse who cares for his wife diagnosed with Alzheimer's disease, chooses to use an online blog to record his caregiving journey. He also requests anonymity for this article because his wife is unaware of the blog. When asked why he chose an online format for his journal, Lawrence said it is a useful tool for keeping friends and family members updated about his wife's condition. He also says the blog "has provided me with a way to vent—to express my exasperations, frustrations, and fears to no one in particular and to everyone in the world at the same

time." Another motivation is his effort to "help a few people understand that it could happen to them too, and perhaps take time to discuss the hard issues with their spouse before it is too late."

Christine Luce, a caregiver in Orange, Texas, for her mother diagnosed with lung cancer, says, "I wish someone had told me at the beginning to journal. Even though I did not know it at the time, I would want to look back over the events and even medical information."

Luce now reaches out to other caregivers and says, "I encourage others who are dealing with cancer to keep some sort of diary or journal. Putting the facts and feelings down on paper or in a computer helps individuals face what they are feeling." A journal can function as an organizational tool by offering a central location to record eating changes, important phone numbers, appointment dates, behavioral changes, and medical updates.

Attorney William Hammond, a Kansas-based lawyer with the Alzheimer's Resource Center in Overland Park, frequently encourages his clients to participate in journaling as a coping tool. He says journaling offers caregivers a space to "track what's going on with the disease process of their loved one as well as what is going on in the caregiver's life."

There are endless possibilities to fill the pages of a journal. It can be a space to record simple joys, things you are grateful for, inspiring quotations, or favorite recipes. The pages of a journal may serve as a map for goals or a place to connect with a higher power through written prayer or meditation. Creativity is an area that is often neglected because of ▶

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the daily demands and duties of caregiving. A poem or song may emerge that has been waiting for an opportunity to be expressed. Drawing or sketching in the pages of a journal is another way to express creativity. Consider recording nightly dreams. This practice can offer enlightening information about what is going on within the subconscious.

Composing a letter in the pages of a journal or on a blog is a technique that can bring emotional release and closure. Photographs can serve as visual prompts to encourage therapeutic writing.

Try finding a quiet place and a few minutes to spend with your journal the next time you're feeling overwhelmed or on the brink of burnout. You will probably feel quite liberated and uplifted by the experience. You will also have a record to reflect upon as your caregiving journey progresses. ■

RESOURCES

Make journaling work for you by checking out these additional resources:

In the library:

Adams, Kathleen (1998). *The Way of the Journal: A Journal Therapy Workbook for Healing*. Sidron Press

DeSalvo, Louise A. (2000). *Writing As a Way of Healing: How Telling Our Stories Transforms Our Lives*. Beacon Press

Karpinski, Marion (2004). *A Guided Journal for Caregivers*. Healing Arts Communications

Pennebaker, J.W. (2004). *Writing to Heal: A Guided Journal for Recovering from Trauma and Emotional Upheaval*. New Harbinger Press

Online:

Archive of journaling exercises for caregivers: www.care-givers.com/pages/journalindex.html

Weekly updated journaling exercise for caregivers: www.caregiving.com/YOURCARE/HTML/journal_exercise.htm

Free blogging site: www.blogger.com

Visual image prompts for journaling: www.creative-journal.com/visual/

Integrated Exercise

How a Workout Routine Benefits Caregiver and Loved One Alike

By Sharon Palmer, RD

It seems like everyone's telling us to exercise more. You probably already know that exercise is associated with the reduction of many chronic diseases and obesity, the national epidemic of our age. Even the 2005 version of the *Dietary Guidelines for Americans* prescribes up to 60–90 minutes of exercise per day for good health.

But you might not know that for caregivers who are confronted with a daily barrage of stress, exercise may be even more vital. Recent studies point out that physical activity brings benefits to both caregivers and Alzheimer's patients—an advantage that can be assumed to also extend to the elderly with other conditions. Unfortunately, with the endless list of tasks awaiting caregivers each day, exercise often gets benched.

However, instead of thinking of exercise as another duty on an ever-growing list, consider the many benefits physical activity brings to both you and your loved one. You just might find room for it on the top of your to-do list. Check out these benefits:

For Caregivers

The benefits from physical activity cover many spectrums. For you, a regular exercise program can help to reduce the risk of premature death, heart disease, high blood pressure, diabetes, high cholesterol, colon and breast cancer, and bone mineral loss. An exercise program can also promote flexibility, support body



structure, healthy body weight, and healthy joints, bones and muscles.

Even though the physical benefits of exercise are many, plenty of caregivers find the psychological benefits even more attractive. Scientists believe that when exercising, chemicals called endorphins are produced in the brain and released into the body. Endorphins are thought to relieve stress and pain naturally, giving people an euphoric and invigorating feeling, also known as "runner's high."

Exercise may also create a distraction and provide an outlet from everyday sources of stress, positively enhancing mental condition. Muscle tension tends to be reduced after a good exercise session, promoting a feeling of relaxation and calmness. Exercise can also help decrease daily and chronic stress, depression, and anxiety; improve self-confidence, mental alertness, and body image; enhance mood, work, recreation, and ►

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overall psychological well being; and provide pleasure and enjoyment.

For Alzheimer's Patients

Not only can exercise ease depression in those suffering from conditions such as Alzheimer's disease, it can boost cardiovascular health, elimination, energy, strength, endurance, stamina, circulation, motor skills, flexibility, balance, and sleep. It also controls high blood pressure and enhances mood and sleep, creating a calming effect while instilling a sense of meaning, purpose, and contribution.

Also, powering up physical stamina and muscle mass allows Alzheimer's patients to move around more easily, thus enhancing their quality of life.

The Science of Exercise

Exercise for both caregivers and Alzheimer's sufferers has been the subject of recent research. Older women caregivers slept better and lowered their blood pressure reactivity in response to stress tests after participating in a moderate exercise program compared with a group of women who only received nutrition counseling, according to a study of 100 women headed by researchers at the Stanford University School of Medicine. In this study, caregivers who exercised four times per week showed significant improvements in their health. The exer-

cise was a home-based program, which was particularly successful for the study participants who could not leave home.

In another study, published in *American Family Physician* in May 2004, 153 community-dwelling Alzheimer's patients aged 55 to 93 were randomized to receive routine care or an exercise-behavior intervention. The Alzheimer's patients in the exercise group improved in function and depression, while the routine-care group declined. After a 24 month follow-up, significant functional improvement remained in this exercise group.

In the study, an integrative treatment program involving exercise and behavior techniques for Alzheimer's patients and their caregivers increased physical activity, decreased depression rates, and improved physical health and function.

The study also suggested that this activity program has the potential of delaying institutionalization of Alzheimer's patients. Since adherence to the program was high, the researchers felt that starting such an integrated exercise program is something that may be readily implemented in a home setting.

Power up Your Activity

Time spent exercising with someone with Alzheimer's disease enhances emotional bonding. So why not make the best use of your time and design your exercise program around your loved one? Before starting any exercise program, it's important to seek a healthcare practitioner's advice for both of you. Here are some tips to get going down the path of an integrated healthy activity program:

- Choose activities that are safe, with minimal distractions.
- Encourage activities that have been enjoyed by your loved one previously, such as walking, swimming, or dancing.
- Be creative with your exercise program, pop in an exercise videotape, try gardening, walk your dog, or go for a stroll to a favorite spot.

- Set reasonable activity goals.
- Dress appropriately for the exercise, paying attention to weather and comfort.
- Offer simple directions or instructions.
- Offer support and supervision.
- Do mild stretching exercises for the upper and lower body before beginning daily exercise.
- Don't ignore symptoms or comments of pain, dizziness, or shortness of breath.
- Make your routine a regular one, creating a plan for rainy days.
- Keep the sequence of activities the same, such as same path and time of day.
- Contact your local senior citizen's center to find out about exercise programs.

If your loved one is unable to exercise on the same level as you require, don't skimp on your needs. It may be difficult to spare an hour in your schedule to go biking, running, walking, or hitting the gym on your own. So if you are unable to find this time each day, try to incorporate exercise elements inside your home while you are supervising your loved one. Exercise videos and stationary exercise equipment may help you meet this goal.

You will be amazed at the positive mind frame and health you will experience in exchange for this modest investment in taking care of yourself for a change. ■

COMING UP IN MAY

- The medical and pharmaceutical communities, trying to improve the quality of life and their own position as cutting-edge solution providers, unleash a blizzard of "research advances" to the public each year. A practical guide for caregivers to separate breakthroughs vs. hype.
- The right diet can effectively combat caregiver stress. We have the details.
- Moving mom into a nursing home doesn't mean signing away her rights—or yours. A look at the specific rights set aside for nursing home residents and their family caregivers.
- Cell phones are the way for busy people to communicate in the 21st Century, but can the increasingly ubiquitous mobile phone also be used to protect and assist your aging loved one?

Orphaned Adults

Healing Our Heart When Our Parents Die



By Deborah Edler Brown and Polly Forster

Janet Pincus took care of her widowed father for 15 years, through heart attacks, a tumor, and surgery, before his death. Two days before her father died, he drifted into consciousness long enough to open his arms to Pincus, rock her and say, “Stay with me.” Those were his last words to her. Since his death, Pincus finds herself sinking every day into a place of deep sorrow and longing. “It’s a hole, and it doesn’t go away,” she says. “I never thought about being orphaned.”

What could be more natural than death after a long, full life? Yet the death of older parents often blindsides their adult children. “It takes a lot of adults by surprise,” says Patty Donovan-Duff, a nurse at the Bereavement Center of Westchester in Tuckahoe, New York. “Society says, ‘Your mother had a very good life.’ Yes, but you’ve lost your mother.”

Many baby boomers now moving through middle age will experience the

deaths of their parents within this decade. In a society that continues to shy away from speaking about death, this group may not be any better prepared than previous generations for this life-changing experience.

When parents are gone, so are the first archivists of your life. “My father watched my first steps,” says Alexander Levy, a psychologist and author of *The Orphaned Adult: Understanding and Coping with Grief and Change After the Death of Our Parents*. “He paced the floor the first time I took the car out at night. The role that parents play is immeasurable.”

Philadelphia writer Jane Brooks felt terribly alone when, in her mid-40s, her parents died. “I was just shattered,” says Brooks, now 54. She suddenly felt child-like and needy, with no one to go to for help. As she interviewed people for her book, *Midlife Orphan: Facing Life’s Changes Now That Your Parents Are Gone*, Brooks realized that she was not alone.

Inheritance is often steeped in ambivalence. “Overnight you inherit what it took your parents a lifetime to accumulate,” Brooks says. “It’s uncomfortable and bittersweet.” Her inheritance helped her financially but also came with emotional strings. “My mother was so frugal,” says Brooks, “so sometimes when I spend money, I think she would be horrified.”

Settling estates can also stir up family feuds. “The distribution of the parental estate becomes the last statement of who mom and dad loved best,” says Levy. “And it can be manifested in the most seemingly ridiculous objects: a spatula, perhaps—but it’s the one mom cooked pancakes with every Sunday morning.”

Heirlooms, though, can also realign the family. “In some cases, siblings rearrange the hierarchy of the family around the object,” says Levy. “Whoever got the dining room set becomes the host for family dinners.”

Whether dinners or other family rituals will carry on is up to the surviving children. “I think my parents were the mortar between the bricks as far as the family goes,” says Paul Kane, 39. His parents died seven years ago, leaving Kane and three siblings. “After they died, we had to make more effort to get together,” he explains. “There wasn’t that scaffolding anymore.”

Generally, how well siblings get along with each other before their parents die carries through after their deaths, says Duane Bowers, interim executive director of the William Wendt Center for Loss and Healing in Washington, D.C. The death of parents just reinforces existing patterns.

This was the case for Thomas Lynch, of Lynch & Sons Funeral Directors in Milford, Michigan, who has buried many of his neighbors as well as his own mother and father. Lynch says his parents’ efforts to instill a sense of family loyalty paid off, and the complicated task of settling the estate among nine siblings proceeded with mutual respect. His siblings also turned to one another for solace.

“There is a sense that we are orphaned, but we are not alone,” he says. “My brothers and sisters are the only people in the world who know how it feels to be bereft of these parents.”

Amid the sorrow, Lynch says, were unexpected gifts. “We had to make room for the rituals that my parents were ▶

always responsible for." In the process, he saw his siblings in a fresh, more adult light, and he even rediscovered his parents. "When I look, for instance, at my sister," he says, "I see my mother's wisdom, faith, and tolerance for the imperfections in others."

The death of parents often brings new opportunities for reassessing one's life. "Even in mid-life people still defer to their living parents," says Donovan-Duff.

"There's freedom to explore without parental approval," after the death of parents, Levy adds. There is also, for many of the grieving children, a heightened sense of mortality and of being fully responsible for one's life. Re-evaluations at mid-life are not unusual, says Ken Doka, a professor of gerontology at the College of New Rochelle in New York and a Lutheran minister. Mid-life introspection, Doka says, "is like a Janus mask, with two faces looking opposite ways: 'I've lived this much, and now I have this much more to live.'"

The swirl of emotions stemming from losing both parents is typically negotiated through a channel of grief, which friends and family sometimes greet with limited tolerance. "This is a quick-fix society," says John DeBerry, bereavement coordinator for the Palliative Care and Home Hospice Program at Chicago's Northwestern Memorial Hospital. "Society says keep busy and you'll feel better."

DeBerry says too many people think grief is something to move past. "Grieving comes and goes just like the waves in the ocean," he explains. "The goal is not to get over it...but to reconcile to it."

Ira Byock, a doctor in Missoula, Montana, and author of *Dying Well: The Prospect for Growth at the End of Life*, says intolerance toward prolonged grieving is institutionalized. "What are most (work) leave policies for loss of a parent?" Byock asks. "Three days? In the workplace, people expect you to grieve for a week and then get on with it."

Byock says facing impending death more directly would ease grief. One simple conversation, he says, helps tremendously. "To complete relationships," he says, "people have to say these five things: 'Forgive me. I forgive you. Thank you. I love you. And, good-bye.'"

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Nursing Home Patients Sicker than a Decade Ago

Today's elderly population appears to have more physical and cognitive impairment than a decade earlier, according to a study by Miami (Ohio) University's Scripps Gerontology Center. The study examined detailed physical and mental assessment data on over 70,000 nursing home residents compiled in June 2004.

The report finds that on the whole, nursing home residents have more physical disabilities and more cognitive impairment than 10 years earlier. As a result, the percentage of residents meeting the level of care criteria also increased, compared to 1994.

Scripps further noted that more than twice as many people were admitted to Ohio nursing homes in 2001 than in 1992, and 80% of the 142,000 patients discharged from nursing homes returned to their homes, most after rehabilitation therapies.

The study found that 95% of nursing home residents meet the nursing home level of care criteria established by the Ohio Medicaid program. Scripps researchers Shahla Mehdizadeh, Ph.D., and Robert Applebaum, Ph.D., studied the 4.5% of nursing home residents who did not meet the nursing home level of care.

Their investigation found that these individuals tended to be younger and have less family involvement than the typical nursing home resident, and 89% of them had mental health disorders.

Ohio Health Care Association President and CEO Peter Van Runkle said the study's findings on the residents who did not meet the level of care criteria are significant.

"These individuals predominantly have mental illnesses. They need 24-hour supervision and care, even though they may have minimal physical disabilities. They would be a danger to themselves or others if they were forced to survive on their own or with others in the community," Van Runkle said. He pointed out that there are no other viable alternatives for their care.

In 2003, the Ohio General Assembly authorized the Ohio Access Success Project, which was intended to move long-term nursing home residents back into the community. Over a year later, the \$1.7 million program has relocated only five nursing home residents.

"The failure of the Access Success Project shows that there are not many of our residents—other than the rehabilitation patients we return home every day - who can be safely and cost-effectively moved out of a nursing home," Van Runkle said.

Beginning in the 1960's, Ohio's state-run psychiatric institutions were emptied. Often, the former residents became "street people." Many ended up being cared for in nursing homes, at less cost than hospitalization. There is a lack of other community-based programs for these individuals.

"Last week, an official from the Ohio Department of Aging told us these individuals would not be appropriate for assisted living communities," Van Runkle said recently. "There may be ways of serving some of them in settings other than nursing homes, but the state does not have the money to create all the new facilities and services they would need."

This article is courtesy of ConsumerAffairs.com. Visit www.consumeraffairs.com for more information.



Consumer Warnings Often Backfire with Seniors

Telling people, especially older adults, that a consumer marketing claim is false can make them mistakenly remember it as true, say University of Michigan marketing professors.

This tendency to misremember false claims as true—the “illusion of truth” effect—could put the older generation at considerable risk for consumer fraud and advertising scams, they say.

A new study featured in the March issue of the *Journal of Consumer Research* raises concerns that attempt to correct false and questionable claims about consumer products may actually lead to negative consequences for older adults.

Carolyn Yoon and Norbert Schwarz of Michigan’s Stephen M. Ross School of Business and colleagues Ian Skurnik of the University of Toronto and Denise Park of the University of Illinois found that the more often older adults were told a given claim was false, the more likely they were to incorrectly remember it as true after several days had passed—especially when the warning pertained to a claim with which they were already familiar.

“Suppose an advertising campaign promises that taking a certain herbal supplement reduces people’s arthritis pains,” said

Yoon, UM assistant professor of marketing. “When there is no evidence for such beneficial effects, a typical warning would tell consumers, ‘It is not true that taking the supplement will reduce your arthritis pains.’”

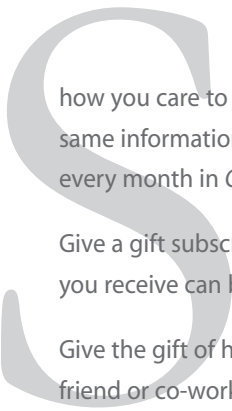
But by repeating the claim in the warning, it may actually serve to reinforce the older consumer’s impression that the product works.

“Unfortunately, this repetition has an unintended consequence—it makes the claim seem more familiar when consumers hear it again,” Yoon said. “Once their memory for the details of the warning fades, all that may be left is an increased feeling of familiarity when consumers later see the misleading claim in an advertisement.”

She added: “Detailed memory for the warning fades more quickly for older adults than it does for younger adults, rendering older adults particularly susceptible to this bias.”

Truman Lewis is a staff writer for *ConsumerAffairs.com*, a partner of Pederson Publishing which publishes this newsletter. For more information, visit www.consumeraffairs.com.

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