

Caregiver's

HOME COMPANION

Volume 3 Issue 11 | May, 2005

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

It's a Caregiver's Right: Understanding the Do's and Don't's of Nursing Home Visits

By Donna C. Moss, Associate Editor

Chuck Brafford doesn't beat around the bush when dealing with his 74-year-old wife's caregivers at an Iowa nursing home. When he thinks the nurses or aides aren't providing adequate care, he wastes no time or effort in making his feelings known. He thinks it's his right—and it is, as long as he's not abusive.

"I sometimes say a few things that maybe I shouldn't," the 67-year-old Des Moines man said. "But this is my wife, and I care about her. I don't care about anything else. So I guess I'm kind of outspoken. And they don't like that." After a few "scenes," they put him on notice. His visits were unwelcome, despite a federal law that says nursing facilities must provide family with immediate access to a loved one living at a home.

Sometimes, state laws are in conflict with the federal rule (Iowa is one), and states may establish certain guidelines and

restrictions. That's what happened with Bradford. In the end, Bradford was able to continue to see his wife, but only at certain times and under certain conditions.

Complaints on the Rise

The National Citizens' Coalition for Nursing Home Reform (NCCNHR), a Washington, D.C.-based advocacy group, says complaints about such banishments appear to be on the rise nationally. And it's not that surprising, given the unbelievable growth industry that aging has become.

Some of these banishments are for the sake of the facility's staff. Even though federal law says a nursing home cannot arbitrarily restrict residents' access to family caregivers, nursing home workers are entitled to legal protections against harassment and threats too. And the state regulations give nursing homes the power to restrict visits by people who are "unreasonably disruptive."



Federal law governing nursing home regulation is called the Nursing Home Reform Act of 1987. The Act says a resident has the right to, and the facility must provide for, immediate access to any resident by immediate family or other relatives of the resident, subject to the resident's consent. Under the Act, visits by others are subject to "reasonable restrictions" and the resident's consent. Caregivers should note that the "reasonable restrictions" provision does not apply to imme- ↗

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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

Visit us at 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.

Nursing Home Visits *Continued from page 1*

diate family and other relatives of the resident.

The Act also says the facility must provide immediate access to representatives of the state and "reasonable access" to entities and individuals providing health, social, or legal services to the resident.

Under the federal law, relatives are not subject to visiting-hour limitations.

Disruptive Visitors

If the administrators at a home believe that a particular visitor is harming a resident, they can insist that visits be supervised by a staffer or restricted in other ways. In such cases, the administrators should consider seeking out a legal restraining order to govern any future contact between the resident and the visitor.

An infection outbreak will often result in temporary restrictions on visits to a home. Those restrictions might be in residents' best interest, but a home cannot prohibit visits unless there is an official quarantine.

Ann Mackey of Hastings-on-Hudson, New York, says putting her father in a nursing home was difficult. It's not that she lost her rights, but that her mother, who lives close by, doesn't realize that she can complain. Says Mackey, her mother is "from a generation that didn't complain." If there were some kind of advocacy or "welcome" packet when you first signed on, stating that the caregiver has a "bill of rights," it would be most empowering. Mackey's father, however, has been in and out of the hospital, making it harder for the family to ultimately form bonds with the staff of the nursing home. While his physical needs are being met, it's his emotional needs that are going by the wayside, she complains. This is the hardest blow of all, for which there is little immediate recourse.

At the Hebrew Home for the Aged in Riverdale, New York, each family's situation is considered individually. If there are mitigating circumstances, like a middle of the night emergency, for example, the family is allowed access to the patient. If the care is not to the family's liking, however, they would need to schedule a "team meeting." This sort of thing is customary, Home employees added.

Another wrinkle in managing care of a family member is the relatively new privacy laws. For example, Mackey's mother asks for some medical records to be sent along and they rebuff her saying, it's private information. This puts her off, and begins the cycle of her distrust of the institution and her frustration with not being able to get simple things done. It's not so much

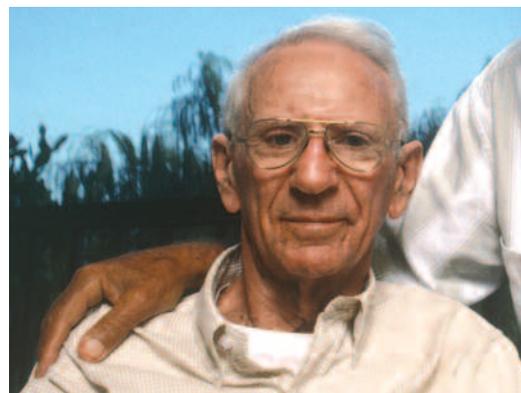
about family's rights as it is family's concerns being taken seriously.

Why Visits Are Important

For caregivers, access can be vital for their loved one. To help understand this importance, consider these points:

- **Building Relationships** Family members and friends can be important sources of information for facility staff about a resident's past work, habits, hobbies, likes and dislikes. Effective communication helps promote quality care.
- **Monitoring Care and Advocating** Family members and friends can be an important support for residents who are unable to advocate for themselves because of frailty or dementia.

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Nursing Home Residents' Rights

The Nursing Home Reform Act of 1987 is the definitive piece of federal law governing the rights of nursing home residents and their families. In addition to establishing resident rights, the legislation set quality standards for nursing homes nationwide and defined the state survey and certification process to enforce the standards.

Here are the highlights of resident rights:

- n Residents have the right to be fully informed
- n Residents have the right to participate in their own care
- n Residents have the right to make independent choices
- n Residents have the right to privacy and confidentiality
- n Residents have the right to dignity, respect, and freedom
- n Residents have the right to security of possessions
- n Residents have the right to complain
- n Residents have the right to visits

News or Noise? Cutting to the Chase on 'Medical Breakthroughs'

By Ursula Furi-Perry

TV ADVERTISEMENTS BLARE THE NOTICE: "Ask your doctor if this medicine is right for you." Newspaper and radio reports tell us, sometimes breathlessly, about the latest so-called breakthrough in medical research.

The announcements—both advertisements and news—come at us from all sides, sometimes on a daily basis, often on a weekly basis. It's a virtual medical "breakthrough" barrage.

But which are accurate? Which truly represent an advance caregivers should tune in to? Simply put—which is "news" and which is "noise?" And how can a caregiver tell one from the other?

"It used to be that before something hit the media, all of these so-called breakthroughs would go through peer review committees," says Cynthia Thompson, co-founder of MedHelp, a consumer medical information organization and website. "I don't believe that's the case anymore."

With new findings and study results seemingly emerging every day, it can be tough for caregivers to identify true medical and pharmaceutical news. "I've seen people waste an awful lot of money," Thompson says of so-called "breakthroughs" that didn't do what they promised. Even more significantly, using new devices, treatments and drugs can bring about dangerous results if they are administered to the wrong person or in the wrong manner, without consulting an expert.

So, how does a caregiver differentiate between real medical findings and mere corporate hype? Try the following tips to make the job easier:

Consult a trusted expert. "The best advice is always to talk to your doctor," Thompson advises. "If you're not satisfied, get a second opinion." For information about new drugs, turn to your pharmacist—he or she should be aware of all medications your loved one is taking and

can provide potentially life-saving information about new medicines and possible interactions. "It's critical to view your doctor and pharmacist as your partners in health care," says Thompson.

Get to know the sources of medical and pharmaceutical information. When it comes to medical and pharmaceutical research, all resources are *not* created equal. "If the report is coming out of a reputable resource, like the *New England Journal of Medicine* or major medical schools that have done all of the clinical trials, it's likely that the industry has gone through proper channels," Thompson states. Government organizations like the Food and Drug Administration and the National Institutes of Health may have reliable information about new treatments; for new medicines, you may also "go directly to the pharmaceutical company and find out what trials it has gone through," recommends Thompson.

Do your own research. At times, it takes truly unbiased information to find out the truth about a new medical breakthrough. "Look for red flags in ads or promotional material that: promise a quick or painless cure; claim to be made from a special, secret, or ancient formula—often only available by mail or from one sponsor; use testimonials or undocumented case histories from satisfied patients; claim to be effective for a wide range of ailments, claim to cure a disease (such as arthritis or cancer) that is not yet understood by medical science; offer an additional 'free' gift or a larger amount of the product as a 'special promotion;' or require advance payment and claim limited availability of the product," advises the National Institute on Aging in its publication, *Health Quackery: Spotting Health Scams*. You may also consider turning to consumer and patient advocacy groups, who may conduct their own research on

new medical and pharmaceutical products and share their findings with the public.

Ask yourself some questions about an advertisement. "Use the following checklist to help make sure that the health information you are reading online can be trusted: Can you easily see who sponsors the website? Is the sponsor a federal agency or a medical school, or is it related to one of these? Can you find the mission or goal of the sponsor of the website? Can you see who works for the agency or organization and who is the author? Is there contact information? Can you tell when the information was written? Is your privacy protected? Does the website make claims that seem too good to be true? Are quick, miraculous cures promised?" advises the National Institute on Aging in its publication, *Online Health Information: Can You Trust It?* Of course, that checklist is equally helpful for checking television and radio advertisements.

Be careful with prescriptions and over-the-counter medicines. No matter the respectability and seriousness of new reports, new drugs should not be taken before consulting your loved one's physician and pharmacist. Moreover, new reports come out day after day about the effectiveness of an already prescribed drug, or new side effects that may result from taking that drug. Even in light of such reports, it is essential that your loved one does not stop taking his or her prescriptions without talking to a trusted medical professional. "It's absolutely dangerous if a patient refuses to take medicine," Thompson stresses. "Call your (loved one's) doctor immediately; if you can't get the doctor on the phone, then fax something over."

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- **Emotional Support** Moving to a nursing home can be an isolating and depressing experience. Regular visits from family and friends help keep residents connected to their social support network and the community.
- **Privacy** One important component for a visit in a nursing home is privacy. Private space may be found in the resident's room, on an outdoor patio, or in a vacant dining or activity room. The facility should ensure that private space is available for visits with residents.
- **Power of Attorney or Guardian Restricting Visits** In some cases, if there is division among family members or if a resident has been assigned a guardian, the power of attorney or guardian may try to restrict visits by other family members or individuals who raise concerns about care or seem to be creating problems for the resident. People who experience these restrictions should investigate the state's law with regard to guardianship or power of attorney. Even if the resident has dementia, every effort should be made to determine what the resident's wishes are, or would have been, like the highly publicized Schiavo case (read about it on our website here: www.caregivershome.com/news/practical.cfm?UID=7) with regard to receiving visits from an individual. Mackey and literally thousands of others from the caretaking "sandwich" generation struggle daily with the stress of knowing when and how to maintain their rights. The good news is that there is much information available, so be armed. n

READER RESOURCES

National Citizen's Coalition for Nursing Home Reform:
202-332-2276 or www.nccnhr.org

For legal rights, contact the Nursing Home Abuse Resource Center:
866-943-3427 or
www.nursinghomeabuseresourcecenter.com

For a state by state listing of advocacy groups, contact Nursing Home Advocates:
www.nhadvocates.org/

Taking Care of Yourself: Attacking Caregiver Stress by Overhauling Your Diet

By Sharon Palmer, RD

As a caregiver, you know more than a little something about stress and how it can wreak havoc on your body. But do you know that adjusting what you eat and when you eat can help reduce the stress you feel?

This is an often-overlooked fact. By developing a strategy to overhaul your diet, you can help de-stress your life by effectively fighting the stress-related attacks coming at you from a multitude of fronts.

There are many life-affecting reasons to heed the warning signs of stress. After all, scientists know without a doubt that stress can make you physically ill. The cardiovascular, endocrine, gastro-intestinal, and immune systems are all vulnerable to stress. Some common symptoms of stress include anxiety, sleep disturbance, headaches, fatigue, weight changes, depression, stomach problems, irritability, difficulty concentrating, and muscle tension.

Chronic stress alone can deplete several vitamins necessary for energy metabolism, as well as those necessary for the stress response itself. By the very nature of stress, you may let your diet become the last priority on a long to-do list. The less attention you pay to your diet, the more likely it will suffer. It takes an investment in yourself to avoid tossing junk food into the shopping cart.

Without elevating your diet to a higher priority, you can easily end up with a daily surplus of high simple carbohydrates, fat, and calories that don't provide adequate vitamins, minerals and

fibers necessary to keep you functioning at your best.

Here are 12 effective tips to de-stress your diet:

Eat a Healthy, Balanced Diet. Even when life pours on the stress, take time to eat a balanced diet that meets your basic nutritional needs. Need a guideline for what a healthy diet should look like? Check out the new "My Pyramid Plan" recently released from the USDA (www.mypyramid.gov/).

Stressful Eating. When you're stressed out, don't start pigging out. Whether you turn to chocolate bars or a bag of chips to comfort you, don't let stress get the better of you. When you feel like falling into a pile of Ho-Hos at the end of a stressful day, take a deep breath and grab an apple. The vitamins, fiber, and phytochemicals contained in the apple will do a lot more for your body than a temporary sugar rush.

Watch the Sweet Stuff. If you load up on highly processed, simple carbohydrates—foods that make your blood glucose fluctuate widely—you may experience pronounced fatigue, headaches, and irritability. You're better off turning to simple carbohydrates found in whole foods like fruits, vegetables, whole grains, nuts and legumes. Try to limit highly processed, packaged foods, such as candy, cookies, cakes, chips, refined crackers, doughnuts, and white breads.

Don't Fall into the Fat Trap. Not only is a high-fat diet a poor choice for your physical health, it can make you feel lethargic—not a good thing when you're besieged with stress.

Small, Frequent Meals. Instead of loading up on large meals or skipping them

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altogether, eat 5–6 small meals per day to keep your blood glucose levels running smoothly. But don't let small meals turn into junk food binges. Make sure that these small feedings provide healthful foods from all of the major food groups.

Take Time to Shop. Take time out of your busy schedule each week to purchase healthy foods. Healthy, convenient products such as prepared salads, cut up vegetables and fruits, and lean frozen dinners can shave time off of your busy day. If your pantry is stocked with healthy fare, then you won't have an excuse to run out to the local fast food joint to wolf down a burger and fries.

Cut Out the Caffeine. Maybe coffee seems to be the answer when you're on the go, but caffeine stimulates the release of several stress hormones resulting in a state of hyper-alertness, making a person more susceptible to interpret events as stressful. Make sure you check out labels for hidden sources of caffeine.

Lose the Salt Shaker. A high salt or high sodium diet is associated with high blood pressure, not a good thing when you're leading a stressful life.

Sweat Out the Stress. Exercise may reduce depression, enhance self-esteem, and relieve anxiety. Regular exercise also has cardiovascular benefits. It lowers blood cholesterol levels, blood pressure, is ideal for weight loss, and helps to reduce stress.

Face the Symptoms. Severe stress can result in dietary disturbances, such as indigestion, nausea, diarrhea, constipation, compulsive eating behavior, and eating disorders. If these occur, it's time to seek advice from your healthcare practitioner.

Supplements for Stress? A skip through any health food store will provide glimpses of supplements targeted to relieve stress. But many of these products have not been proven effective. Kava, which is a plant native to the Pacific Islands, shows preliminary evidence that it may play a role in reducing anxiety, but scientists feel that more research is needed before it can be recommended. There are also some concerns regarding possible liver toxicity with kava.

De-Tox Your Diet: Toxins, such as alcohol, some drugs, and tobacco, can work against the balance of vitamins and minerals in the body and can increase stress susceptibility and the stress itself. ⁿ

Medical Breakthroughs

Continued from page 3

Also be especially cautious about reports of new dietary supplements and vitamins. "There are no real regulatory requirements on these," warns Thompson; a new dietary supplement may hit the shelves without the same scrutiny that new medications and medical treatments go through before they may be sold to the public. For information about a new dietary supplement or vitamin, your best bet is the FDA's website (www.fda.gov) and the National Institutes of Health's Office of Dietary Supplements (www.nih.gov).

Above all, use common sense. "If (the study) is coming from someone with an infomercial and no reputable backing, I would question the findings," says Thompson. As mom always said, if the so-called breakthrough seems to be 'too good to be true,' it probably is! ⁿ

READER RESOURCES

Food and Drug Administration:
www.fda.gov or phone 888-INFO-FDA

The National Institutes of Health, www.nih.gov
HealthInsight, a project of the Harvard School of Public Health, Center for Risk Analysis,
www.health-insight.com

National Library of Medicine, MedLine Plus,
www.nlm.nih.gov/medlineplus/healthyweb-surfing.html

CAFFEINE AND STRESS: Not a Good Combination

While de-stressing your life by overhauling your diet, be mindful of the negative effect of caffeine in your system. This caffeine chart should help:

SOURCE	HOW MUCH CAFFEINE?	COMMENTS
Instant coffee	60–100mg per cup	The amount of caffeine depends on how much you put in the cup
Fresh coffee	80–350mg per cup	The amount of caffeine depends on: • The type of beans ('Robusta' contains more caffeine than 'Arabica') • The way the coffee is made • How strong the brew is
Decaffeinated coffee	2–4mg per cup	The amount of caffeine is usually marked on the packet
Tea	8–90mg per cup	Caffeine content depends on how strong the brew is
Cola drinks	35mg per 250ml serving	Cola drinks often contain a lot of sugar too
Cocoa & hot chocolate	10–70mg per cup	The amount of caffeine depends on strength of the brew and the other chemicals in the product
Chocolate bars	20–60mg per 20g bar	Chocolate also contains a lot of sugar
Some prescription & over-the-counter medications	20–100mg per dose	Some medicines (cough, headache and slimming products) contain caffeine

COMING UP IN JUNE

- ⁿ Our elderly are becoming gamblers—true gamblers—at a rapidly increasing rate. The outcome is not always pleasant. What caregivers should know to guard against an addiction that can lead to financial ruin at any age.
- ⁿ Can we talk? Ten tips on what to ask your parent's pharmacist.
- ⁿ From the exotic to mundane, caregivers are greeted with a host of options for a caregiver respite.
- ⁿ With his father lying dead on the floor and his mother steeped in Alzheimer's disease, Robert Hirschfield was up to his eyeballs in caregiving. We have his story.

Peace of Mind Too: Cell Phones Offer Mobility, Availability for Caregiver and Elderly Alike

By Lori Ritchie



Without a doubt, the breakthrough communications freedom we enjoy in our everyday lives thanks to cell phone technology is having an impact on the safety of our elderly and the peace of mind of their caregivers.

While the concept of mobile telecommunications and how it works is alien to many older Americans, the ubiquitous palm-sized phones—equipped only with basic features—are proving to be a priceless utility for both caregiver and loved one.

Marlene Holden, a caregiver for her aging mother, recently put it this way: “I was driving back home after visiting with my mother. I had given her my new cell phone number during the visit. When my mother realized I was in the car talking with her, she said in great astonishment, ‘I didn’t realize I could get you in the car as well.’”

Holden says her cell phone is “invaluable” for keeping the lines of communication open with her mother. “It provides her with accessibility to me, even when I am running errands or out with my husband or friends,” says the Rome City, Indiana, caregiver.

Mobility and availability are key concerns for those caring for loved ones. Cell technology offers a solution. In fact, the elderly themselves are catching on at a very quick pace, viewing phones as essential for emergency situations. According to the technology research firm Yankee Group, half of Americans ages 65 to 74 now own mobile phones.

Community Phone Programs

Community outreach programs across the nation collect unused cell phones that are distributed to elderly residents through local police departments. Pastor Stark G. James of The First Presbyterian Church in

Valatie, New York, asked his congregation to support such a cause in his rural community. “The recycled cell phones are reprogrammed and enable elderly people within the community to access 911 at anytime,” he said. Caregivers are advised to contact their local police department to see if a similar program is available in their community.

Many elders are cellular subscribers through the use of family calling plans. These plans come with several handsets that can be distributed among family members and include a specified number of “free” minutes for one price. There is often free cell-to-cell calling to members within the same network. This makes for very affordable communication.

Cellular calling plans are often less expensive than traditional landline accounts. This is part of the appeal of cellular phone service for older Americans on a fixed income. Nancy Crager, clinical manager of Parkview Home Health and Hospice in Lagrange, Indiana, reports that her father in his 70’s didn’t appreciate being locked into a yearlong contract, however.

“I purchased a cell phone for my parents for safety’s sake, but my father has problems with his vision and he didn’t like having to keep the phone charged up,” Crager said. “He felt like being obligated to a contract was like having a credit card.”

Elder-Friendly Phones?

Clearly, many cell phones aren’t elder-friendly. The biggest drawback arguably is handset designs that are small with keys that are even smaller. These features are a hindrance to many elders with vision problems. Still, manufacturers for the U.S. market may take a cue from international cell phone manufacturers who are starting to market designs with

the elderly in mind. For example, a Czech wireless phone manufacturer, Jablotron, is producing a cellular phone that resembles a desktop model with large keys and easy maneuverability.

While most cellular marketing is aimed at a youthful demographic, companies are likely to consider that the baby boomer generation currently using mobile technology will demand these elderly-friendly changes at some point. These loyal customers, accustomed to cell contact, will most certainly expect and lobby for these modifications.

Meanwhile, some organizations and companies are using cellular technology to benefit older Americans. Mobile technology leader Motorola, for example, is developing MOTOHEALTH, which uses Motorola cell phones to help older adults manage chronic health conditions and increase their independence. The prototype currently being tested uses FDA-approved body sensors to transmit data about the patient’s condition to healthcare providers via the patient’s Motorola mobile phone.

In another example, the University of Washington is working on the Assisted Cognition Project that utilizes a cell phone as a navigational assistant. The mobile phone monitors memory-impaired individuals’ locations and environments so that caregivers can be alerted in case of dangers. These and other cutting-edge technology applications are on the horizon for caregivers and their loved ones, leading to much sought-after feelings of safety and peace of mind. n

Lori Ritchie is a freelance writer living in Wolcottville, Indiana, who is an experienced elder-caregiver in the Alzheimer’s unit of a long-term care facility. She is also a nursing student and can be reached at personalmedia@yahoo.com.

Caregiver Well-Being:

Summer Vacations Are a Must



By Jacqueline Marcell

With the traditional summer vacation season soon upon us, caregivers—much in need of time away and relaxation—should count themselves “in” on planning for and genuinely enjoying a family vacation.

Despite (or perhaps in light of) life’s great challenge of caring for a chronically ill loved one, caregivers need and deserve a break with the rest of their family. This often occurs in the shadow of guilty feelings about trying to carry on and have a normal life. But without exception, medical and mental health professionals agree that caregivers need this break to stay healthy in every respect.

No caregiver can totally leave the stress of their daily challenges behind while vacationing, but every day away is a positive step in helping them preserve and sometimes restore their own well-being.

With this “must” goal in mind, consider these steps you can take to reduce your stress and enjoy the family vacation:

Take Care of You

You can’t be an effective caregiver if you are so stressed that you get sick and have to cancel a vacation. As hard as it is to find the time and motivation, realize that it’s imperative that you nurture yourself.

- Eat healthy: set limits on high fat and processed foods, caffeine, and too many sugar-laden treats that can increase fatigue.
- Exercise often: take a walk, stretch, lift weights, do isometrics.
- Get proper sleep: take naps when necessary.
- Meditate: practice deep breathing and visualize happy times.
- Attend a support group regularly: solutions will present themselves.

- Do things you enjoy: reading, music, hobbies, crafts, movies, etc.
- Use a hand sanitizer: viral and bacterial infections can be reduced.
- Treat depression: find a therapist and consider taking an anti-depressant, if warranted.
- Get yearly physicals and appropriate tests: cholesterol, blood pressure, diabetes, mammogram, prostate, colonoscopy, etc.

Plan Ahead, Organize, Pace Yourself

Give yourself plenty of time to plan a vacation, but be careful not to take on more than you can manage.

Make lists of things that must be done before the trip, and secondary lists of things you would like to accomplish if possible.

Be sure to set strict limits with yourself and others on what you can and cannot do.

Ask For Help

Don’t wait for others to ask what they can do to help. Instead, ask everyone to pick the tasks from your list that they feel comfortable with. In addition to the list of caregiving and household chores, include vacation-planning tasks such as:

For your trip —

- Take the car in for service, cleaning and tire rotation
- Get maps and brochures of vacation destinations
- Make itineraries and check availabilities
- Get reservations and tickets

For your loved one —

- Stock up on groceries and cook meals ahead for your loved one’s freezer
- Refill medications, stock up on supplies
- Call agencies and interview caregivers for respite care
- Make a schedule with details of all duties for the caregiver

Organize back-up help

Distribute an emergency plan with contact information to everyone involved

Also, use adult day care to help your elderly focus less on your absence. Enrolling elderly loved ones in adult day care is often the very best thing for them. They’ll be busy enjoying activities like singing, crafts, cooking, gardening and bingo with professionals who know how to motivate and manage them.

Shift Perspective

Resolve to stay in the present, savor the good moments, and guard against focusing on the decline of your loved one. Imagine yourself in their position, needing a caregiver to do things for you all of the time. Now ask yourself what you’d want for your loved ones who would be taking care of you? Would you want them to be continually sad, depressed, burdened, isolated, and not living up to their potential, following their dreams or even taking a vacation—because of you? Of course not.

Realize that your happiness is what your loved one wants most for you (even if it doesn’t seem like it), and that you do them honor by living a balanced and fulfilled life, which includes enjoying vacations.

Finally, be positive! Having a vacation to look forward to will help you feel less deprived of a normal life. Be aware that having fun, laughing, and focusing on pleasurable things, rather than ill health, will help to keep you in emotional balance. The break will recharge your batteries. n

Jacqueline Marcell is an author, publisher, radio host, national speaker, and advocate for eldercare awareness and reform. Her writing includes Elder Rage, or Take My Father... Please! How to Survive Caring For Aging Parents. For more information, see www.ElderRage.com.

Crestor Study Raises More Safety Issues for Cholesterol Drug

For the legions of caregivers and elderly who battle cholesterol issues, there's more trouble for Crestor, the Astra-Zeneca statin that's been the target of safety complaints. Researchers from Tufts-New England Medical Center have found that Crestor has the poorest safety profile of the most commonly used anti-cholesterol drugs, the others being Lipitor, Zocor and Pravachol.

The study, published in the latest issue of *Circulation, the Journal of the American Heart Association*, found the most serious reactions resulted in damage to the kidney (proteinuria/nephropathy), and muscle (rhabdomyolysis), which frequently resulted in patients requiring hospitalization.

In March, the FDA issued a public health advisory outlining the identified risks and benefits of Crestor but critics argued the agency didn't go far enough. David Graham, a safety researcher at the FDA, had singled out the drug as deserving closer safety scrutiny during congressional hearings last fall.

However, the lead author of the Tufts study said it's important not to overstate the dangers of the drug. "It is very important to note that as a family, statins are very

safe drugs that have clearly been shown to reduce the risk of heart disease," said Richard H. Karas, MD, PhD, lead author of the study.

"Although rosuvastatin (Crestor) was found to be less safe than others, it does not mean patients should immediately stop taking this medication."

"In fact, the overall risks of rosuvastatin remain low, and people taking this drug should talk to their doctor before deciding whether to continue on it or stop it," Karas emphasized.

Karas and his colleagues analyzed 145 rosuvastatin-associated adverse events reported to the U.S. Food and Drug Administration over its first year of marketing and compared the rates of such events with other statins simultaneously and during their respective first year of marketing.

The review found that with either comparison, rosuvastatin (Crestor) was significantly more likely to be associated with rhabdomyolysis, proteinuria, nephropathy or kidney failure.

Article courtesy of ConsumerAffairs.com, a partner of Pederson Publishing, publisher of this newsletter.

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