

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

Changing the Face of LTC in America

Green House Project Captures What Can Be

Editor's Note: The image of long-term care is changing rapidly—literally and figuratively—from dreary and sterile to upbeat and engaging. The emphasis is on quality and fully responsive care. It's no longer a more dank institutional view of long-term facilities. In this second article of our series *The Changing Face of Long-Term Care in America*, we look at the Green House Project, one of the more innovative programs in existence.

“You might say I'm a dreamer but I'm not the only one”...



The words of songwriter John Lennon foretold a revolution for peace in the '60s, but nearly half a century later his words could just as easily apply to the innovators in today's revolution in long-term care in America—a revolution marked by facelifts and lifestyle changes for all sorts of nursing and assisted living facilities that give new promise to our frail elders no longer living at home.

One aspect of this revolution is known as “culture change.” Culture change is designed to bring a new philosophy of caring into existing care facilities, but it also includes a revolutionary concept designed to give elders the option to move out of nursing homes and back into the community. New projects are springing up to bridge this transition.

Dr. William Thomas is at the forefront of what is known as the de-institutional movement. Thomas is a geriatrician and founder of both The Eden Alternative and the Green House Project. Underlying both projects is his belief that “loneliness, helplessness, and boredom” are the “core of despair” for far too many people receiving care in the nation's nursing homes and assisted living facilities.

“The legacy of the nursing home will never be able to tell us what a Green House should be, but it can show us what it must ►

Part 1: Read our first installment in this series on *The Changing Face of Long-Term Care in America* in the February 2006 issue of this newsletter.

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"The Green House Project is about creating an entirely new place and a new way. We're closing the doors of the nursing home and starting over."

— Jude Rabig, co-director of the Green House Replication Initiative.

Green House Project Captures What Can Be
Continued from page 1

never become," says Thomas in his book, *What Are Old People For? How Elders Will Save the World*.

While The Eden Alternative promotes change within the delivery of care inside the traditional nursing home, the 2-year-old Green House Project is much more radical, calling for a complete "re-working" of everything from staff roles to residential life to the very architecture of the building itself.

"The Green House Project is about creating an entirely new place and a new way," says Jude Rabig, co-director of the Green House Replication Initiative. "We're closing the doors of the nursing home and starting over."

Just what is a Green House? It's a home where 8–10 elders live together in what might be described as a shared community, where clinical services are provided without compromising privacy or control over one's own life. Residents wake when they choose. They eat *what* they wish—*when* they wish to eat it. Each resident has a private room and bathroom. Residents share family-style meals with other residents and staff and also collaborate with staff on decisions that affect their personal lives, their care and "lifestyle" of the home.

You won't find nursing stations, medication carts or racks of medical charts inside a Green

House, but you may find fireplaces, wind chimes, family-size dining room tables, animals, music, children, and personal mementoes. No two Green Houses are the same. Each house reflects the personal preferences of those who live there as well as the architecture of the surrounding neighborhood. While nursing staff are available on a visiting basis, nursing assistants known as "shahbaz" (Farsi for powerful falcon) are responsible for overall day-to-day life in the home and serve as both caregiver and companion.

Although a Green House may look like a traditional house, each Green House has met licensing requirements in the state where it is located for skilled nursing care or assisted living care. A stay at a Green House may be covered by Medicare, Medicaid or private funds, depending on the licensure of each particular home.

As Rabig explains, "A Green House complies with all the same regulations as a traditional care facility, so it's not about giving less care but doing it in a different way. In the traditional nursing home, there is typically a staff-to-resident ratio of one direct care worker to every 10 residents. In a Green House, we have two direct care workers for every 10 elders. What this means is that our elders know the workers and the workers know the elders—and that 'knowing' translates to better care."

Initial surveys do show that families, elders

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Managing Mom's Money (and Yours!)

Are Annuities Fool's Gold or a Wise Move?



By Joan E. Lisante

With pensions, or “fixed benefit retirement income,” becoming as rare as true talent on “American Idol,” caregivers nearing retirement and their aging parents are casting about for likely retirement and extended income alternatives.

One of those alternatives, the annuity, sounds like a no-lose proposition. After all, the average American male lives to about 80; women, to 84. There are lots of doctors' visits and hopefully a few flights to the Caribbean between now and then—enough to burn through your savings and more.

While they aren't the answer for every prospective retiree caregiver or senior, you should know what annuities provide and why they could be a legitimate part of your plans. One size investment never fits all, and the same holds true of annuities.

For starters, let's get familiar with the several types of annuities:

1. Fixed vs. variable annuities. With a fixed annuity, your payment amount remains the same each month. Some think of this as creating your own “pension plan” in these days when fewer and fewer companies provide a “traditional” pension.

With a variable annuity, the amount you collect each month depends on how the stocks, bonds, or other investments in the underlying portfolio do. It can go up, but be care-

ful: It can also go down.

2. Annuities indexed to inflation. If you buy an inflation-indexed annuity, the true value of your monthly payments is less likely to shrink because of the erosion power of inflation. But this protection isn't free: your initial payments under the annuity will be lower, in anticipation of higher inflation-indexed payments years from now.

3. Annuities indexed to stock market performance. Known as “equity-indexed annuities,” these claim to shield you, the investor, from stock market losses by going up when share prices rise but not dropping when they fall.

If this sounds like a foolproof deal, many investors agree. *The Wall Street Journal* reports that, in 2004, sales of equity-indexed annuities rose 67%, to \$23.4 billion. But to get a handle on your true yield, you must know whether the annuity calculates gains on a “point to point” basis or an “annual reset with monthly averaging” basis.

4. Immediate vs. deferred annuities. An immediate annuity starts paying as soon as you buy it (or transfer funds into it.) A deferred annuity, by contrast, includes an “accumulation period” during which you pay premiums before your payments begin. Which you choose will depend on both your age and your financial health when taking out the annuity.

Which to Choose, If Any

Whether any of these products is right for you depends on several factors: your age at retirement, whether you'll continue to work, your other sources of income

and the cost of your lifestyle. But before plunking down any hard-earned dollars, a few warnings are in order:

- Many people see annuities as solid, unchanging vehicles that deliver a certain amount of cash per month. Not always true. For example, an equity-indexed annuity might limit the amount of money you lose, but it also limits the amount of money you gain by measures such as restricting investors from participating in stock dividend payments. And watch for your company reserving the right to change the formula for that “guaranteed return,” based on variables like a longer-than-normal life expectancy.
- American consumers/investors have relied on the Securities and Exchange Commission (SEC) to protect their investments since just after the Great Depression. Many continue to believe that most investments are regulated by the federal government. Not necessarily so with annuities. For example, equity-indexed annuities are considered “insurance products” rather than securities, and regulated by each state's insurance regulator. Not exactly across-the-board protection.
- Annuities may be long-lived, but there's one thing they're not: easy cash. Withdrawing from an annuity contract, should you suddenly need the money, can be painful. If you take your money out during the “accumulation period” (typically 6-10 years,) you can be charged a surrender fee (typically 7%–20%). One other caveat: tap your funds before age 59-1/2, and you'll owe the IRS a 10% penalty. So keep a

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Joan E. Lisante is an attorney in Fairfax County, Virginia. Her article is provided through ConsumerAffairs.com, a leading consumer information service and information partner of Pederson Publishing, the publisher of this newsletter.

Caregiving Strategies

How to Thrive, Not Just Survive in the Caregiving Season

By Amy C. Baker

Your friend's mom falls. A co-worker's father has a stroke. You watch your aunt slip into the abyss of Alzheimer's and wonder, "What if that was my mom or dad?" Out of the corner of your eye you see your boisterous and busy kids, a stack of bills or briefcase full of work and wonder again, "How will I manage all this?" Before you know it, that phone call comes and you're in that season—the season of caregiving.

It is an unavoidable stage for many. A growing number of Americans have delayed having kids until their 30s or 40s, ensuring that those tots will be younger when their grandparents reach those challenging, senior years. More and more women are working, both inside and outside the home, both full-time and part-time, and trying to hold together marriages marked by busy-ness and little time for a date out, much less true intimacy. It is to these women that the primary role of caregiving often falls. Finally, more families are flung throughout the country, with more than just a county separating them. The long-distance issue makes parent eldercare even more difficult.

A stunning number of us have found ourselves in this caregiver role—and many of us are destined to repeat the role again and again for other loved ones. Are there ways to deal effectively with what we're doing now and prepare for any repeat role? Are there steps we can take to ensure that this stage, although not

easy, is at least smoother than it otherwise might be?

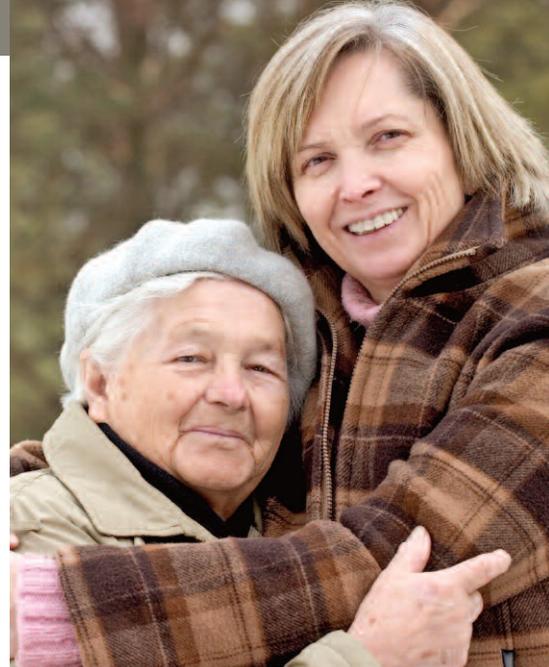
The answer is yes, and the need is imperative. Here are just a few tips to get your heart, soul and lifestyle ready for that day when mom or dad needs extra care.

First, get a grip on your own psyche. Was your relationship with dad marked by feelings of abandonment or outright abuse? Did you and your mom elevate mother-daughter tiffs to an Olympic level? You know yourself that parenting isn't an easy job, and many of us grew up with people who loved us but didn't know how to show it at best, or failed us in some way, usually due to the way they themselves were raised.

It's time to get emotionally healthy and deal with the family-of-origin baggage we've hauled around all our lives. It is impossible to fulfill the role of caregiver when we are carrying resentment and bitterness from our formative years. There may be no doubt that our relationship with one or both parents was marked by pain and disappointment, but there's also no doubt the negative impact it has on us to nurse those wounds well into adulthood.

Get some counseling. Join a support group. Talk to a friend. Keep a journal. Ask for help at your church, synagogue or mosque. You'll need all the emotional wherewithal you can possibly muster when the call comes from the doctor or emergency room with life-changing news about your parent.

Next, have the difficult conversations



early on. Find out what your parent's wishes are regarding end of life care, financial matters, and who gets Great Aunt Mabel's pearls. Most of us are terrified to bring up these issues when our parents aren't even sick or just beginning to show signs of aging, but the important thing to remember is that we want them to make decisions while they are still in control. As their adult children, we don't want to be left guessing what their desires would have been when the time comes that they can't engage in decision making.

One of the most important and personal decisions has to do with who will provide for their physical and medical care when they get to the point they are no longer safe on their own. Many of you reading this are already in the midst of this quandary. Thankfully, there are a myriad of choices today from retirement communities to assisted living facilities with stepped up care options. They can start out with minimal assistance and shift up to higher level care when it becomes necessary—and not have to make a big move. You may already have made this first step out of the family homestead. Now you're wondering about the next move. ►

Amy C. Baker is the author of "Slow Dancing at Death's Door: Helping Your Parent Through the Last Stages of Life," a personal, practical and inspirational book to help you help your parents through their final stages of life. She lives in Austin, Texas, and can be reached at amy@amycbaker.com. Learn more at www.amycbaker.com.

Many families are faced with the question of whether to transition mom or dad in to their own already crowded household. Sometimes we assume our parent or parents would want to live with us when in reality they'd prefer the peace, quiet and companionship within a community of their peers. Have this discussion before the situation reaches a crisis level and their current situation no longer meets their needs.

Lest you think this is all about depressing, heavy matters, consider this. It's also a great season of life to chronicle your family's history. Videotape mom telling you how she and dad met. Dig out the family photo album and start asking questions. Find out from your dad what it was like serving our country in the war. Your parents are sources of not just family but community and national history as well. These are important stories to pass along to future generations.

The added benefit of exploring and preserving these memories? You get to

see your parents from a broader perspective—the whole of a life well-lived, not just the end stage you feel stuck in. That stage that is messy and uncomfortable and scary. When faced with the pressure and endless stress of caregiving, these reminders of legacy and history are important to help us keep our sanity, and our family's story alive.

Finally, there's the issue of you. How do you care for yourself so that you can take care of them? The uncared-for caregiver is no help to anyone. Not only will your ability to care for your parent suffer, but your ability to be a good parent, spouse or employee will as well. If you are the primary caregiver, find out about respite care and adult day care services in your area. Your community agency on the aging (every community has one) is a great resource to learn about what is available. You will need time away and time off—guilt free—to recharge your batteries and relax.

What reenergizes you? Is it a quiet

hour in the bookstore wandering the aisles with a cup of coffee? Is it a walk or jog in the park with your dog? A "Calgon" moment surrounded by candles and quiet music? A tough tennis match with your business partner? Whatever it is, take time weekly to get away and get your mind and heart healthy, at least temporarily! All those people who say, "Hey, anytime we can help, just let us know!"? Well, it's time to call in the favors so you can get away.

The season of caregiving is trying. It is difficult. But with some advance as well as in-the-trenches planning, some important groundwork covered, it can be managed well. It can even be a time where your relationship with your parents grows to a new level, and you experience fulfillment as an adult child that you never expected. It can be a season of growth, not just trials and tribulation, but the planning, and self-care must occur. Take the initiative now. Thrive, don't just survive. ■

Are Annuities Fool's Gold or a Wise Move? *Continued from page 3*

couple of eggs outside this basket.

- Monthly payments for women are usually less than those for men, simply because women tend to outlive men. Keep this in mind when planning your retirement budget.

More Regulation Ahead?

Because annuities come in different flavors and can be difficult to understand, a movement for tighter regulation of annuity sales is underway. The National Association of Insurance Commissioners (NAIC) has proposed regulations to see that buyers get the product that's appropriate for their financial needs.

The NASD, a private-sector provider of financial regulatory services, recently fined Syosset, New York-based David Lerner Associates \$400,000 for violating rules enacted to protect buyers of variable annuities. So, it looks like oversight in this market is increasing.

But until protections are stronger, be your own financial advisor by observing a few savvy-consumer rules before buying an annuity:

- Check the financial health of the compa-

ny that sells your annuity. You're betting that they'll still be around in 20 or 30 years, so they'd better be financially sound. Companies that offer annuity products include Vanguard, New York Life and Genworth Financial. You can check ratings in directories such as A.M. Best, Moody's or Standard & Poor's.

- Don't neglect other retirement vehicles, such as IRAs and 401(k)s. The Securities and Exchange Commission recommends that consumers maximize their contributions to popular, tax-advantaged retirement choices before buying an annuity.
- Recognize the relationship between interest rates when you buy your annuity and later payouts. If long-term interest rates are low when you purchase, your monthly check may not be as large as you'd hoped. You may be better off investing in products yielding higher short-term interest rates (such as CDs) and skipping that annuity for now.
- If your spouse depends on your income, make sure the annuity you purchase contains a survivor's benefit.
- Balance is the key to any workable investment plan. Even if you decide on an annuity, don't close the door on keeping part of your savings in equities,

CDs, or Treasury notes. Do this right and, even if you give Methuselah a run for his money, your money can still be rolling in with an annuity that fits your pocketbook and lifestyle. ■

RESOURCES:

For further information on annuities, check out these resources:

Books

- *The Pocket Idiot's Guide to Annuities* by Ken Little (Alpha, 2005), \$9.95
- *Getting Started in Annuities* by Gordon K. Williamson (Wiley, 1998), \$19.95

Websites

- Securities and Exchange Commission (www.sec.gov/investor/pubs/varannty.htm)
- NASD (www.nasd.com)
- Quicken's annuities section (www.quicken.com/annuities)
- About.com (<http://banking.about.com/od/annuitiesinsurance>)

Enrollment Period Nears End

Medicare Drug Plan: Big Win or Big Flop?

By Truman Lewis

The May 15 enrollment deadline to sign up for the new Medicare prescription-drug benefit is fast approaching, spurring private insurers and the government to launch a last-ditch push to enlist seniors and declare the venture a success.

The Centers for Medicare & Medicaid Services (CMS) says that more than 30 million Medicare beneficiaries are receiving prescription drug coverage, including more than 8 million beneficiaries who have gotten new, individual prescription drug coverage since the program began.

More than 93 million prescriptions were filled for these beneficiaries with drug coverage during March—averaging 3 million prescriptions filled per day. But not everyone is willing to accept CMS' figures as proof that the program is a success.

"Every few weeks the (Bush) Administration lowers its standard for success," said Robert M. Hayes, president of the Medicare Rights Center, a not-for-profit advocacy organization.

"This should not be a political war of spin. It is about basic human need—health and survival. For this \$1.3 trillion program, the Administration now reveals that less than 20% of people with Medicare have new drug coverage. (That's 8.1 million out of 43 million.) Others have somewhat better coverage, others are worse off," Hayes said.

"Tragically, over 805 of America's impoverished seniors eligible for low cost, comprehensive coverage have not been enrolled," Hayes said. Just 1.6 million of 8.2 million eligible Americans have been approved for the low-income subsidy.

"Any honest analysis will lead to reform and improvement: there should be a straightforward, comprehensive and affordable Medicare drug benefit. We do not have that now," Hayes charged.

The program has produced some winners, though. Insurers have snagged about 15 million new customers while also collecting health government subsidies for each new customers.

Drug companies are also profiting handsomely from the program, thanks to increased demand for some products used by seniors, such as drugs for chronic conditions, *The Wall Street Journal* reported.

Many seniors are also giving the benefit good reviews. An AARP survey found that nearly 8-in-10, (78%) of those enrolled



in a Medicare prescription drug plan say they are satisfied, despite initial confusion about which plan to choose.

"Before Medicare added a drug benefit, more than half of those in the program either lacked drug coverage or had inadequate coverage that did not protect them from high out-of-pocket costs. The new plans fill a critical need for affordable prescriptions drugs," AARP Director of Health Strategy Cheryl Matheis said.

AARP is not exactly an independent observer, however. It has a marketing alliance with UnitedHealth Group Inc., which has signed up more than 3.9 million new customers, more than any other insurer.

The drug benefit, passed by Congress in 2003, is funded largely by the government but offered to Medicare's elderly and disabled beneficiaries by private health insurers who offer plans that have different costs and cover different medications. The complexity of the program has proved daunting not only to seniors but also to senior advocates, social workers and others who routinely help the elderly with their healthcare planning.

Because so many seniors have yet to sign up, some in Congress are talking about extending the enrollment period. Medicare has already extended the deadline for people with low incomes. They stand to gain the most because of extra government subsidies, but their enrollment continues to lag.

Despite the programs' problems, the Bush administration paints a rosy picture.

"With a month to go, we've passed our projections of 28 to 30 million enrollees in the first year, and we are intensifying our local outreach efforts to get more seniors signed up before the May 15 deadline," HHS Secretary Mike Leavitt recently said. "These strong enrollment numbers are a tribute to everyone in the national network of caring—all of our partners, community leaders, the State Health Insurance Programs (SHIPS), and family members, who have provided counseling and assistance to the millions of beneficiaries who are now taking advantage of this new benefit and saving money." ■

Truman Lewis' reporting is courtesy of ConsumerAffairs.com, an information partner of Pederson Publishing, the publisher of this newsletter. Visit www.consumeraffairs.com.

Green House Project Captures What Can Be

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and staff alike are more satisfied with the care and services found in Green Houses than in traditional nursing homes. Beyond feeling a higher degree of satisfaction, Green House elders also have fewer reported incidents of unexplained weight loss or incontinence as compared to nursing home residents.

Perhaps the best evidence of the success of the Green House Project is that every Green House currently has two waiting lists: one list is for elders wishing to reside at a Green House and the other a list of staff hoping to obtain employment. (In a tight healthcare labor market, that says something.)

The first four Green Houses opened their doors in 2004 in Tupelo, Mississippi. At present, there are 10 Green House residences, with new homes under construction in Arizona, Michigan, and Nebraska.

"We have a five-year grant from the Robert Wood Johnson Foundation to help us replicate the Green House Project in every state," says Rabig. "Workshops are being offered across the country to help interested healthcare organizations, investors, and architectural firms to create a Green House in their community."

At its simplest, Thomas describes his dream with these words: "At the center of the Green House is quality of life—meaning worth and dignity. At the Green House, we put those things at the center of life." ■

Paula Sanders McCarron has more than 20 years of experience in health-care, including nursing homes and hospice. She lives in Chelmsford, Massachusetts, and can be reached at paulamccarron@gmail.com.

What on Earth is LTACH?

By Paula Tchirkow

LTACH'S, OR LONG-TERM ACUTE CARE HOSPITALS, ARE POPPING UP IN cities nationwide in response to the elderly who need more long-term comprehensive care than traditional hospitals offer.

Due to Medicare and insurance restrictions, hospitals try to move our elderly out of the hospital as quickly as possible to make room for the next patient. Consequently, hospital social workers and case managers often provide several options to caregivers and force you to make a decision quickly.

We will arm you with some practical questions to ask LTACH professionals before committing your elderly parent. However, you need to follow the next three steps first:

- A. Make sure you get a list of LTACHS in your community. This can be provided by your loved one's hospital. Ask the hospital social worker or case manager for facility brochures. If they don't have any in-house, they can often get them for you quickly.
- B. Do research to determine which facility is right for your elderly parent. Talk to physicians, healthcare professionals and others to determine which LTACHs they recommend and why. Ask these professionals where they would send THEIR mother or father if they were in the same situation.
- C. Ask the current hospital who to call each LTACH to arrange a tour. Some require meetings set up in advance; others ask that you drop in at the facility for an impromptu tour.

Once these questions are covered, plan to have a list of questions like the following for a prospective LTACH:

1. How will my elderly parent be transported to the LTACH?
2. What physician and medical disciplines are represented at the LTACH?
3. What other services are offered? What services aren't offered? For example, are there heart monitors in the room? Ventilators? Is the LTACH prepared to handle an infectious disease?
4. What other limitations does the facility have?
5. Is there an emergency room? If not, are there certain situations where he/she would return to the referring hospital?
6. Who would be my parent's physician? Can we speak with him/her before we decide to move my parent?
7. How often will a doctor visit the LTACH?
8. Can I be at the LTACH early in the morning when my parent's doctor does rounds? If so, do I need to make arrangements in advance?
9. How does the care of your LTACH compare to that of a traditional hospital? For example, how many patients are assigned to one nurse? How many patients per doctor?
10. My loved one has doctors she needs to visit who are not affiliated with this hospital. Will the LTACH transport my parent to these medical offices, or do you require these specialists come to your facility? ■

Paula P. Tchirkow, MSW, LSW, ACSW, is president of Pittsburgh-based Allegheny Geriatric Consultants and a certified and licensed geriatric care manager. She also is a member of our Board of Experts, answering questions on our website. She can be reached at paula@caregivingadvice.com.

COMING UP IN MAY

■ **Arthritis creates pain on a good day and can cripple over time.** What do caregivers need to know about this bone-aching condition and how can they help prevent and treat it in their elderly?

■ **Shedding more light for aging eyes.** What caregivers can do to improve lighting in their loved one's environment.

■ **A daughter's picture of Mom living with dementia.** How she copes.

■ **Beds and safety.** A nice comfy bed should be a safe harbor for our elderly loved ones, but there are risks with certain beds and related products. What every caregiver should know to keep Mom or Dad safe in bed.

Caregiver Tips: Keeping a Lid on Accidental Elderly Poisonings

Accidental poisoning among our elderly is a danger often brought on by the complex medication regimens they maintain, as most seniors take a number of prescription drugs on a daily basis, sometimes prescribed by different doctors. The wrong mixture of these drugs can prove fatal.

As a result, the American Society of Health-System Pharmacists (ASHP) is striving to increase awareness among elder-caregivers and their loved ones on the unwitting dangers that lie in well-intentioned prescriptions.

“Medication poisonings are a problem among our growing senior population,” said Daniel J. Cobaugh, director of research for ASHP’s Research and Education Foundation. “The good news is that healthcare professionals, caregivers and seniors can work together to create a solution. By being active participants in their healthcare and by staying informed

of their medications and conditions, seniors and their caregivers can help doctors and pharmacists ensure they get the best possible care.”

ASHP offers these tips to reduce the risk:

- **Keep a list of medications.** A written record of the medications taken, including drug name, dosage, and frequency, is an important tool to have during physician visits and in case of an emergency.
- **Communicate.** Inform doctors and pharmacists of all medications taken, including non-prescription meds and dietary supplements, to reduce the chances of an interaction.
- **Learn about medications.** Ask the doctor or pharmacist to explain why a certain medication is prescribed, the food and medicines to avoid, and possible reactions and side effects.
- **Use one pharmacy.** Many seniors receive prescriptions from more than

one doctor, making drug interactions more likely. By using one pharmacy, all prescriptions are consolidated and a pharmacist can check for possible interactions between medications.

- **Keep a journal.** Make note of all symptoms, especially after taking medications. Painful or unexpected side effects may signal a need for adjusting a medication regimen.
- **Maintain a schedule.** Holding to a routine can decrease chances of missing dosages or taking more than needed. “Patients should immediately contact their physician if they experience an adverse reaction to their medicines,” says Cobaugh. If the physician is not available, Cobaugh recommends contacting the local poison center using the toll free number (800) 222-1222. For more medications safety tips and information, check out ASHP’s website at www.safemedication.com. ■

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The image shows the cover of the 'Caregiver's Home Companion' newsletter. The main headline is 'Alcohol and the Elderly: An All-too-Common Bond with Serious Consequences'. Below this, there are several smaller article teasers: 'Spirituality to Help Relieving Stress', '3 Essential Caregiver Skills', '4 Simple Ways to Stay Healthy', '6 Simple Ways to Stay Healthy', and '7 Ways to Stay Healthy'. The cover also features a photo of a person and some decorative elements.