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HELPING THOSE WHO HELP OTHERS

"Nearly everyone will have osteoarthritis by the age of 80, but some of us will have it more than others—and earlier," says rheumatologist Dr. David Freeman.

Living Every Day in Pain

Helping Your Elderly Loved One Cope with Arthritis

By Ursula Furi-Perry

As anyone with arthritis will testify, the disease is one of the most painful, sometimes even debilitating, medical conditions. In fact, pain and disability are often the only symptoms arthritis patients experience. And it doesn't help that arthritis often gets written off as "the disease of old age," a condition for which there isn't much help.

But arthritis is nothing to brush off. The disease is the leading cause of disability in American adults over the age of 15, according to the Arthritis Foundation. It's a condition with which more than 66 million people—roughly one in three adults—live.

The title refers to more than 100 different diseases that affect joints and surrounding areas. "Arthritis means a disorder of joints, and it includes many different kinds," explains Dr. David L. Freeman, staff rheumatologist at Carney Hospital in Boston and Lahey Clinic in Burlington, Massachusetts, and senior medical advisor to the Arthritis Foundation of Massachusetts. "Osteoarthritis and rheumatoid arthritis are the most common types."

Rheumatoid arthritis refers to a degenerative joint disease which causes cartilage to deteriorate over time; osteoarthritis is an auto-immune disease resulting in inflamed joints. Other, less prevalent types of arthritis include lupus, gout, scleroderma and fibromyalgia. One may have generalized arthritis, which affects the entire body, or localized arthritis, which appears in one ▶

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Helping Your Elderly Loved One Cope with Arthritis *Continued from page 1*

particular joint or area.

Arthritis doesn't discriminate based on age: half of all patients are over 65, with generally more women than men prone to the disease.

"The elderly are at (particular) risk for osteoarthritis because the cartilage in their joints wears down from about the age of 50," says Freeman. "Nearly everyone will have osteoarthritis by the age of 80, but some of us will have it more than others—and earlier, depending on our weight, prior injuries, differences in usage over a lifetime, and inheritance. We don't know what causes rheumatoid arthritis, which can appear at any age, even in childhood, but in some cases genetics plays a role."

"Some people use the term to refer to all causes of body aching, like our grandparents used the word rheumatism," says Freeman. "However, many people ache because of problems not (with) joints, but rather in muscles, nerves, tendons, and other structures, and only a specialist can tell whether the pain is due to arthritis or to something else."

About a third of all arthritis patients are not doctor-diagnosed, but nevertheless live with chronic joint symptoms, the Arthritis Foundation believes. If your loved one is experiencing recurring and continuous joint or muscle pain, a doctor can determine whether arthritis is the culprit. "The diagnosis in some instances can be made by a simple examination, and in other instances by imaging studies, like x-rays or MRI scans," Freeman states.

If a loved one is diagnosed, caregivers should consult an orthopedist or rheumatologist for proper treatment. Though there is no cure for arthritis, the disease can be controlled—in some cases, even mild improvement is possible.

Early diagnosis and treatment can help your loved one avoid further degeneration and ease pain, the Arthritis Foundation says. "When appropriate, have a referral to a physical therapist…who can advise them on details on exercise and protecting themselves," Freeman advises; an occupational therapist can also help with advice on daily activities and healthier living. Small changes, like a mattress that evenly distributes your loved one's weight, or a living room that's ergonomically sound, may lead to a sizable reduction in your loved one's pain and discomfort.

Caregivers must stay informed and involved in their loved one's care, experts say. Because arthritis includes a variety of conditions, the treatment that's right for one patient may not work for another—in fact, patients may have more than one form of arthritis, making therapy even more complicated. Treatment options include anti-inflammation and pain medicines, joint replacement surgery, and lifestyle changes; some doctors also swear by alternative therapies, such as acupuncture, or integrative medicine, which combines conventional and alternative treatments.

Familiarity with and monitoring of your loved one's medications are essential. Arthritis drugs and supplements are ever-changing, with medicines taken off the market and new ones added fairly frequently. "(Caregivers) should know what kind of arthritis their loved one has and what medicines they are taking," says Freeman, who recommends the Mayo Clinic and the Arthritis Foundation for information on treatment options. The Arthritis Foundation's website is particularly helpful: it houses a comprehensive drug and supplement guide, as well as information on alternative treatments, including their effectiveness and safety.

Exercise is also key, experts say. It not only promotes overall health, but it may also reduce stiffness and joint pains, increase strength and flexibility, and help build the muscles around the joints. "Arthritis cannot be prevented in the short run, but people who are thin and fit throughout their lives will generally have less trouble as they age," Freeman says. "As much as possible, exercise and stay in shape, because weakness compounds pain and leads to disability and falls. A physical therapist can help develop a specific program for flexibility and strength." Warm water exercises are great, as they can decrease stiffness and joint pain; endurance exercises and strengthening of the muscles are also important.

Perhaps the greatest help caregivers can provide to a loved one with arthritis? It's simple, though not always easy: doctors agree that improving the patient's mind-set and helping him or her live a better life can work wonders. As with anything else, caregivers can help their loved ones by adopting a more positive outlook on life. ■

Ursula Furi-Perry *is a writer based in Haverhill, Massachusetts. She can be reached at furiperry@verizon.net.*

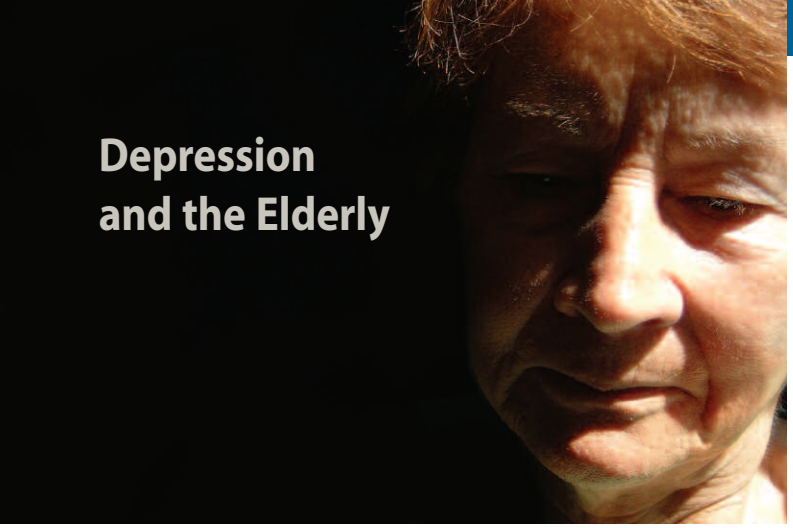
RESOURCES:

The Arthritis Foundation, 1-800-568-4045, **www.arthritis.org**

The Mayo Clinic, **http://mayoclinic.com/**

Online Arthritis Resource, **www.arthritis.com**

Arthritis Central, **http://arthritiscentral.com/**



Depression and the Elderly

Why is Mom So Sad?

By Kelly D. Morris

Gladys Easley had always been an upbeat, energetic person. She was active in her church and did volunteer work at a local nursing home. She loved babysitting her four great-grandchildren. She loved to cook and bake. She cared for a large garden at her home in Montgomery, Ohio. She enjoyed sewing and crocheting.

Gladys was only 50 years old when she was diagnosed with brain cancer. The tumors were removed and she recovered well, except for some damage to her eyesight. She could no longer see well enough to sew. She continued with the rest of her favorite hobbies, however, and remained cheerful.

Ten years later, Gladys developed arthritis. She'd actually suffered some discomfort from arthritis for several years, but nothing too bad. At age 60, however, the arthritis became much more serious. Her hands ached constantly, and her stiff, swollen fingers could no longer manage to crochet.

Two years after that, Gladys fell in her garden and broke her hip. Her recovery was difficult. She was not able to walk unassisted after that, but had to use a walker. She could not work in her garden anymore. She had difficulty standing long enough to cook. She could no longer keep up with her active great-grandchildren.

Gladys became depressed.

The National Institute of Mental Health considers depression in people 65 and older to be a serious problem. Depression affects as many as 25% of all Americans in this age group, and only about 10% of them receive treatment. And older people suffering from depression are more likely than their younger counterparts to commit suicide.

Why are so many elderly people depressed? There are many contributing factors. Concern about their health or chronic pain due to a health condition is one possibility. Loss of social support is another factor. Many older folks have lost a spouse and many good friends. Difficulty getting around can further shrink their social circle. Arthritis, failing eyesight, and other conditions may force them to give up activities that they once enjoyed. Losing their independence often leads to depression. Financial worries might also be a contributing factor. And believe it or not, depression is also a side effect of many common medications.

There is also a biological component to depression. It is caused by a chemical imbalance in the brain. Depression can be genetic, meaning it sometimes runs in families.

Diagnosing depression in the elderly can be difficult because many of the symptoms can be caused by things other than depression. In addition, we often expect many of these symptoms to occur in older people. Changes in appetite and sleep patterns are common in the elderly. Fatigue can be caused by a number of conditions and also can be a side effect of many common medications. Forgetfulness and difficulty concentrating can be signs of dementia.

It's a mistake, though, to assume these symptoms are just par for the course as our loved ones get older.

How can you tell if your loved one is depressed? Here are some common signs:

- Feeling sad most of the time
- Feeling hopeless
- Feeling worthless
- Anxiety or excessive worrying
- Irritability
- Excessive crying
- Seeming overly emotional
- Loss of interest in things that used to be enjoyable
- Social withdrawal
- Difficulty concentrating
- Forgetfulness
- Sleeping either too much or too little
- Eating either too much or too little
- Feeling tired all the time
- Unexplained or vague physical complaints
- Thoughts of death or suicide

What should you do if you think your loved one might be suffering from depression?

First, talk with your loved one about it. Talking about depression won't make them feel worse; it will likely help them to talk about it.

Don't be surprised, though, if your loved one says they aren't depressed. Sometimes people feel embarrassed or

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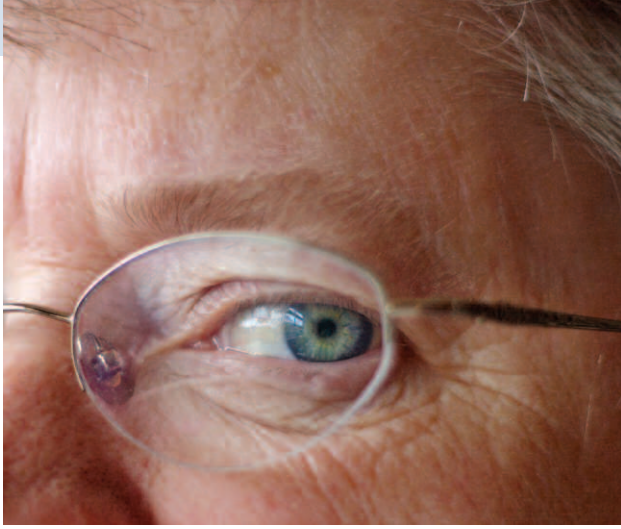
A Caregiver Primer

Shedding More Light for Aging Eyes



By Ace Rosenstein

SHINING A LIGHT ON SAFETY

Here are simple tips for enhancing the safety and workability of nearly every area of the home for an aging loved one:

- **Position light on areas of work or concentration, never at eye level.**
- **Put the light directly where it is needed. Use lamps that swivel and can be raised or lowered to help direct the light.**
- **Lights can be installed anywhere. For task, cabinet and toe space lighting, miniature light sources work well in just about any location.**
- **Provide extra lighting in stairs and hallways where it can be difficult to move easily.**
- **Make sure lighting switches are positioned in easily found locations.**
- **Contrast switchplates with wall color or use switchplates that contain small lights.**
- **Consider pre-set light timers for difficult areas.**
- **Use fluorescent wall sconces in hallways or in corners to provide even illumination and eliminate dark circles or shadows.**

Face it. No matter how hard we try, we can't do more than slow the aging process. And with it, the gradual, but sometimes swift, deterioration of our vision. In some ways, the aging eye has even been compared to a computer screen operating with reduced levels for brightness and contrast.

According to the New England College of Optometry, the average 60-year-old retina receives about one third of the light received by most 20-year-old eyes, in addition to responding to changes in lighting levels at a much slower pace. Other common vision complications related to age include the loss of flexibility and transparency, which can result in an unbearable sensitivity to glare as well as a reduced ability to see clearly at different light levels.

The good news is that despite the difficulties, we have many options to make the performance of everyday tasks more comfortable for aging eyes. However, many people often forget the simple advantages offered by the proper blend of task and general lighting, which can greatly increase the safety, comfort and convenience of nearly any environment. For instance, bathing, cleaning, sewing, reading and cooking can become simpler and safer for seniors by properly positioning just a few more lights in strategic locations.

In addition, recent studies have even suggested a direct link between light quality and the quality of life of our elderly. For example, those who live in a well-lit residence have often proven to have fuller and happier social lives, as well as more self-confidence and reduced anxiety levels.

So, with this information, we beg the question: why should the elderly stay in the dark when caregivers' attention to proper lighting can make life so much more enjoyable and easier?

Here are some pointers for making the right lighting choices and finding the path to a brighter, fuller life for your loved ones.

Quality and Consistency

Falls represent one of the most common and dangerous health problems for our elderly. According to the National Safety Council, falling is the leading cause of injury-related deaths among those 75 and older. The council points to improper or inadequate lighting as the most likely culprit in causing falls.

High contrast levels between shadow and light create confusion and disorienting patterns for those with failing vision. In addition, a major cause of home accidents among the 65-plus set is the inability to navigate around, over and through situations that are not easily seen through the unclear eye. The result often is stumbling and falling.

As a safeguard, all interior spaces should be lit at a consistent and even level, floor to ceiling and wall to wall. Keep in mind that those with even mildly impaired vision seldom walk down the center of a corridor, but more often closer to the wall where objects can hide in shadows.

It's a good idea to provide increased, even lighting by strategically incorporating recessed lighting and other low-voltage fixtures into every major room in the house. If possible, shadows, which can cause falls, should be virtually eliminated and replaced with a firm, even-layered level of lighting throughout the house.

Dining Areas

The dining area in most homes provides an excellent example of the many ways one room can be lit to comfortably accommodate task and social functions. A chandelier often is positioned at its room's center and is too often the room's lone source of lighting. It is really challenging

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and nearly impossible to fulfill all the lighting needs in one room with a single fixture. The result often includes a shadowy environment that constricts reading as well as numerous other everyday tasks and put the elderly at particular risk.

When a room is filled with layered levels of light from multiple sources, safety most often prevails. A room need not take on an industrial appearance to deliver safe lighting. For example, accent lighting provided by wall sconces and recessed lighting can be used to dramatically light certain areas while subtly working in conjunction with a chandelier to provide more task lighting.

Kitchens & Baths

While many kitchens and bathrooms are designed for both show and function, the kitchens and baths of many homes are now expected to accommodate the needs of our aging population. In safeguarding these rooms for your loved one, you can explore the benefits of rail, track or glass pendant lighting options, any of which can provide the lighting coverage needed for safety while maintaining a decorative appearance.

In a bathroom, for example, vanity lights placed on both sides of a mirror can virtually eliminate glare, while damp- or wet-rated recessed lighting positioned over tubs or in showers can reduce the possibility of falls and other accidents. Explore all options before settling on any one approach.

Outdoor Lighting

Danger can lurk outdoors for the elderly, especially at night and even on their own property, which they probably believe they can navigate very well.

However, as a caregiver, take special note to supply sufficient lighting outdoors next to pathways, under railings or around the home exterior. Watch for shadows and see that they are compensated for by using the right lighting for the space.

You can identify possible problem areas by walking the property in the evening with a portable light or flashlight so you can get a feel for where lighting is needed and at what levels. In addition, local lighting companies and showrooms are good, reliable sources of advice. In fact, most lighting professionals will offer safety suggestions and even offer, as part of their service, a nighttime demonstration on the property.

Growing old is fraught with difficulties. However, with the right foresight and caregiver guidance, the transition can prove safer, easier, more comfortable and far less dangerous. ■

Depression and the Elderly: Why is Mom So Sad? *Continued from page 3*

ashamed and simply don't want to admit to it. Sometimes they don't recognize their symptoms as being signs of depression.

Don't tell your loved one not to feel bad. Don't tell them to cheer up or look at the bright side. Instead, acknowledge their feelings of sadness and listen to how they feel.

It's OK to ask how bad your loved one feels. Asking if they feel like killing themselves will not encourage them to actually do it. Instead, it will allow them to share some very difficult feelings with you, which may well be the first step toward getting help.

Encourage your loved one to talk to a doctor. You can accompany them to the doctor's appointment, if they prefer. Help is definitely available, including very effective medications.

Many people feel embarrassed or ashamed about their depression and are reluctant to seek treatment. They may also believe that treatment won't work for them. Encourage your loved one to give it a try. Let them know that treatment is effective for most people with depression and that depression carries no shame. It's an illness, just like diabetes or high blood pressure.

How is depression treated?

The most effective treatment for depression combines medication with psychotherapy, also known as counseling.

Medication helps correct the chemical imbalances associated with depression. Medication often takes from 4–6 weeks to become effective, and it may take even longer in the elderly. Not all medications work for all people, so your loved one's doctor may try a few different ones before finding the right drug.

Psychotherapy allows people to talk about their feelings in a supportive, nonjudgmental environment. A therapist can also teach people new skills for dealing with stress, grief, and other emotions.

In addition, the support of loved ones is always helpful. Attending a support group for people with depression may also help.

Gladys Easley began taking medication for depression, but it didn't help right away. Her adult children made an effort to help her get out to church as often as possible, so she felt a little less isolated. They also spent time with her in the kitchen, helping her bake. Gladys was pleased to be able to pass on her recipes to them, especially the one for her mouth-watering chocolate chip cookies. Arrangements were made for the great-grandchildren to visit more often. And after a while, the medication started to help.

It was difficult for Gladys to adjust to the many changes in her life, but with the help of medication and lots of support from her extended family, she was able to make the transition. ■

COMMON MEDS WHERE DEPRESSION CAN BE A SIDE EFFECT

Not everyone reacts the same to medications, and sometimes one can take on the characteristics of depression from medications prescribed to help another condition. Here are some common drugs that can be linked in some to depression (not every drug within a class has this effect):

- Pain medicines, including codeine and darvon
- Blood pressure medications, including clonidine and reserpine
- Hormones, including estrogen, progesterone, cortisol, prednisone, and anabolic steroids
- Heart medications, including digitalis and propanalol
- Parkinson's disease meds, including levadopa and bromocriptine
- Arthritis medications, including indomethacin
- Meds for anxiety, including Valium and Halcion

Apple Pie and Mom with a Pinch of Dementia Thrown In

…a daughter is a child who grows up to be a friend. In this story, the daughter becomes her Mother's best friend as they navigate Alzheimer's disease together.

By Gwendolyn de Geest, RN, BSN

Mother—Shirley to her friends—is 82 years old. She lives in Indiana; I live in Los Angeles. Although Mother remains vibrant and highly independent, there are moments when she has episodes of short term memory loss and confusion.

One rainy Sunday, Mother calls me: "Dear, I'm baking an apple pie this morning, how many apples shall I peel?"

Now, I wondered at this, as mother has always been an expert baker. "Well Mother, I think perhaps six apples should be sufficient." A few minutes later the phone rings again. "This is your mother calling, dear. I'm baking an apple pie, and I am wondering how long should it remain in the oven?"

I assured Mother of the approximate baking time. I was hardly surprised when the phone rang 45 minutes later. "Dear, this is your mother. Do you think the apple pie is ready to come out of the oven? It looks golden brown."

"Mother, it smells delicious." The aroma of cinnamon is wafting to me over the telephone.

"Good," says Mother. "Out it comes from the oven, and I've set two plates out; I shall slice us each a piece dear."

"Lovely!" said I. And Mother and I enjoyed this special moment over a piece of warm apple pie. And so it goes in the shadowing world of dementia.

The above story evokes childhood memories many of us have shared with our own mother. But age, time and distance change things as we all age, as evidenced in my interview of the daughter—me.

Do you worry about your Mother living so far away?

I try not to attach worry. Mother has lived in Indiana all her life; her roots are there. Many of her friends remain living close by. I would love to have her living closer to us, but she simply will not leave her roots. And the other thing—independence has always been very important to Mother. Keeping her as independent for as long as possible outweighs the worry.

What suggestions could you make for other families having loved ones living at a distance?

Keep in touch as best you can and just know that your loved one is alive and well. I chat with Mother just about every day. Some days, she doesn't remember that I have called.

Find out as much as you can about the local resources where your loved one is living and remain connected with these resources. That's important. And in my case, Mother has a wonderful neighbor, who keeps me posted of any happenings.

Talk about some of the things you have in place for your Mother to maintain her safety and independence.

As mentioned, Mother's independence is very important to her. She always has been an "in-charge kind of gal," and the thought of becoming dependent frustrates her terribly. So what I try to do is focus on Mother's strengths, and what she still does really well.

We have Mother connected to a PERS (personal emergency response service) as a safety measure. In case of emergency, or if Mother should fall, help is just a phone call away.

Mother has always been prone to bladder infections. Her doctor has told her that she should drink more cranberry juice to prevent these infections. The last time I visited Mother, I made sure she had a good supply of cranberry juice and reminded her to drink the juice at least twice daily. Naturally, as soon as I leave, she forgets to drink the juice. So, what I've done is advise two of Mother's good friends of the situation. They live close by and bring Mother the cranberry juice

when I cannot. It seems a little thing but it keeps Mother from becoming ill, and cuts down on my worry.

Your Mother seems to be an expert cook. Were you surprised by the apple pie questions?
Yes, Mother has always been a great cook. Ever since the diagnosis, I find that each day with Mother is an adventure. Each day is a new experience, and I don't know what to expect. So, when the telephone rang and Mother had questions about the apple pie, I must say I wasn't really surprised.

How has the onset of Alzheimer's disease changed your relationship with your Mother?
It may sound strange, but this diagnosis has actually brought us closer together. There is somewhat of a role reversal; I mean, I have taken over the mothering role and that's alright with me. I mean, Shirley has made so many sacrifices in her life for me. Now it's *my turn* to support her. She will always be my mother and I love her dearly.

Even with the Alzheimer's, does she still retain a sense of humor?
Absolutely!! Alzheimer's disease has robbed Mother of her memories, not her heart. Her sense of humor is alive and well. She can no longer remember a lot of the things we did together when I was a child growing up. Although some of Mother's brightness is vanishing, we are making new memories every day. We still laugh a lot.

Approaching Alzheimer's Positively
Alzheimer's is never easy to deal with, but caregivers can find the same upbeat approach with their elderly loved one that I've shared above. Here are some steps to that positive point in life:

Getting Started
Maintaining a safe environment for the person with dementia, and at the same time, not compromising the individual's independence and dignity, can be one of the greatest challenges. Because of this, frustration levels can run high, both on the part of the person with dementia and their caregiver.

This daughter truly believes that Shirley's independence and sense of control in her life by far outweigh the safety issues of moving her Mother close by. Keeping her as independent for as long as possible outweighs the worry.

Adding Flavor
When families face this situation, they first need to assess what's going on with their loved one. Independence is very important for Shirley. You'll recall she's always been an "in charge kind of gal." Knowing this, the family has connected her to the PERS as a safety measure. In case of emergency, or if she should fall, help is just a phone call away.

This daughter keeps in touch and chats with her Mother just about every day. And she has found out as much as possible about the local resources where her Mother is living and remains connected with these resources.

Putting it all Together
Home is a place of comfort. It is a place of safety and security. Although Shirley's independence is very important, her daughter fears that her Mother may no longer be safe in her home. Rather than making a transition at this time, she has found out as much as possible about the local resources where her mother is living and remains connected with these resources. This daughter focuses on her mother's strengths.

And at this moment, she can still smell the enticing cinnamon from Mother's apple pie. ■

SUGGESTED READING:

There's Still a Person in There, Michael Castleman, Dolores Gallagher-Thompson, Matthew Naythons; 1999

Best Friend's Approach, Virginia Bell, David Troxel; 2002

Learning to Speak Alzheimer's, Joanne Koenig Coste; 2004

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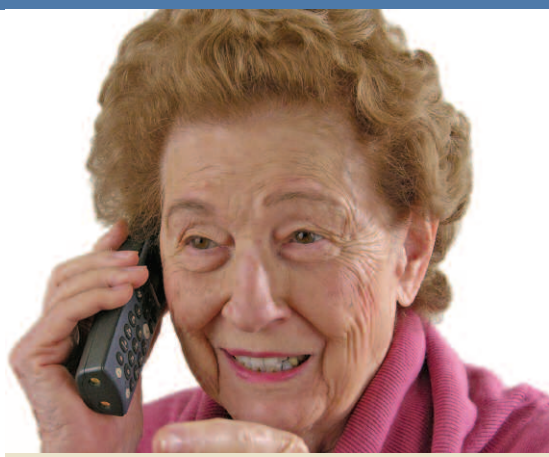

WALKING IN DEMENTIA'S SHADOWING WORLD

Caring for a loved one with dementia demands a caregiver to muster every ounce of fortitude—for their own sake as well as their elderly. Here are a few quick do-and-don't tips to help you deal effectively with the challenge:

WHAT WORKS:

— focus on strengths

— maintain independence for as long as possible

— simplify the environment

— remain connected with local resources

WHAT DOESN'T WORK:

— environment that is unfamiliar

— logical reasoning

— overcompensating for person

Need Your Email Address

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In Dementia Caregiving, Style Counts!

It just may be that a younger caregiver is not the best caregiver for dementia patients, especially when it comes to some of the troublesome symptoms that accompany dementia, including wandering, hallucinations and restlessness.

In fact, a younger caregiver may actually increase the likelihood that a dementia patient will exhibit these symptoms. The same goes for caregivers who are less educated, over-burdened or depressed, according to researchers from Wake Forest University School of Medicine and the University of California at San Francisco.

"These symptoms are part of the disease, and the caregivers aren't causing them, but certain styles of caregiving may bring them out," said lead author Dr. Kaycee Sink, assistant professor of gerontology at Wake Forest. "Our study identified characteristics of caregivers that are linked to these difficult behaviors."

Sink said understanding the link between caregiver characteristics and patient behaviors could lead to more effective treatment. Caregiver education and drug therapy have both proved to be only mildly effective at reducing the symptoms. About 7 million people in the United States have dementia and nearly all of them will develop the behavioral symptoms at some point in the illness.

"These results are consistent with the idea that caregiver characteristics, including their emotional state, could contribute to neuropsychiatric (behavioral) symptoms in dementia patients," said Sink. "For example, it is possible that caregivers who are burdened may be irritable and demonstrate less patience, which could provoke the symptoms."

The study, reported in the May issue of the Journal of the American Geriatrics Society, involved nearly 6,000 dementia patients, who lived in the community, and their caregivers. Almost half of the caregivers were the patients' spouses, and 31% were daughters or daughters-in-law.

The symptoms assessed in the study were: constant restlessness, constant talkativeness, hallucinations, paranoia, episodes of unreasonable anger, combativeness, danger to self, danger to others, destruction of property, repetitive questions, wandering, and waking the caregiver. Behavioral symptoms are the No. 1 reason for nursing home placement among dementia patients, Sink said, because it becomes too difficult to provide care at home.

The final analysis revealed that caregivers who were younger, less educated, more depressed, more burdened or who spent more hours per week giving care reported more of the behaviors in patients.

The youngest caregivers reported 50% more of the behaviors than the oldest caregivers. Each of the characteristics was independently linked to more behaviors in patients. For example, caregiver age alone, regardless of education or depression, affected the number of symptoms. ■