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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

Plugging the Elder Care Dollar Drain

States Chip in with Caregiver Compensation Programs



By Paula S. McCarron

Increasingly, states are offsetting caregiving costs or putting cash into the pockets of family caregivers who are helping to keep frail and ill loved ones at home. Although the act of providing compensation to family caregivers might seem an act of benevolence, it's also a matter of cost-saving practicality for these states.

Spiraling health care costs, increasing life expectancies, and the rising number of Boomers who are advancing into their elder years have states "looking down the barrel of a gun," according to Richard Birkel, executive director of the Rosalynn Carter Institute for Caregiving. "It's a looming crisis for everyone—those who need care today, their caregivers, the states, and those who will be in need of help themselves in the coming years."

With the average cost of a nursing home stay hovering at \$70,000 a year, Birkel says few can afford to privately pay for nursing home care. And those who think a nursing home stay will be covered by Medicare should realize that the federal insurance program only provides for approximately 120 days of nursing home care per year. ▶

Editor's Note: Caregiving is a costly proposition in the United States, not only for our elderly and the government, but for elder-caregivers themselves, typically those adult children who sacrifice financially in many ways to care for their parents. In fact, asking how to best deal with this cash crisis is by far the most frequent question we receive. In this feature series, *Plugging the Elder Care Dollar Drain*, we highlight ways caregivers might find compensation in a society that doesn't yet readily address their need.

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States Chip in with Caregiver Compensation Programs *Continued from page 1*

Many turn to state-operated Medicaid programs for help when private funds are exhausted, or when Medicare benefits run out. States pick up about 40% of the bill and the federal government kicks in the balance to cover the cost of nursing home care for those on Medicaid. It's the high cost of nursing home care coming out of state coffers that drives many states to create avenues of compensation for family caregivers whose help can keep loved ones out of the more costly and less desirable nursing home setting.

And while there is a growing trend among state programs to provide compensation to family caregivers, there is no pot of gold or easy money to be had. Every program has its restrictions or qualifications. Some programs do not provide compensation for spouses but will compensate family members who do not reside in the same household with the individual receiving care. Other programs only fund care for those who live in remote or rural locations where services may be difficult or impossible to find.

In order to gain a better understanding of the range of programs available, here is a sampling of some of the ways in which states are providing caregiver compensation:

Some states, including Connecticut, Hawaii, Maine, Minnesota, Washington, and Wisconsin,

have adopted policies that allow employees to use accrued leave time to provide care for an ill family member. Such policies often allow a family caregiver to cope with a crisis and then return to the workforce without losing pay or benefits.

Arizona, Illinois, Kansas, Kentucky, Mississippi, and North Carolina have taken a humanistic approach by allowing employees to donate leave days to their co-workers who need time to tend to caregiving responsibilities. In addition to helping caregivers maintain their income, these programs, by pooling co-worker accrued time, offer the possibility of extended periods of paid leave for a needy caregiving co-worker.

In California, employed family caregivers who participate in a voluntary, weekly payroll deduction program are eligible for up to six weeks of paid leave per year to care for an ill family member. By making a weekly contribution not to exceed \$63.53 annually in 2005, employees receive either up to 55% of their weekly paycheck or a maximum of \$840 a week during the six-week leave period.

Based on California's success, similar programs are under consideration in Massachusetts and New York.

Beyond these specific examples, most states now offer at least some level of compensation for caregiving family members when a loved one might otherwise end up in a nursing home under a state Medicaid program. Some states offer compensation based on other factors, such as family income, health criteria or place of residence.

Levels of compensation not only vary from state to state but also from community to community within the same state.

Here are some examples:

- In rural Colorado, family members providing assistance to loved ones may be eligible to receive up to \$400 a month as compensation to provide personal care services.
- North Dakota pays up to \$700 a month to spouses and other family members who care for Medicaid beneficiaries living in rural areas who would otherwise require admission to a nursing home.
- In Wisconsin, family may be eligible for compensation either for caregiving or, in some situations, for performing services normally provided by a social worker.
- In North Carolina, family caregivers supporting loved ones may be able to reduce out-of-pocket expenses through the use of state-funded vouchers that can be used to buy nutritional supplements, incontinence supplies, and personal emergency response systems, among

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WHEN LOOKING FOR CASH ...

If you're seeking compensation as a family member caring for an aging loved one, here are a few words to the wise: Be patient, be persistent, act like a sleuth, and have a pencil and notebook handy at all times.

These few tips and resources should jump start your search:

- If employed, check with your company's human resource department or seek the counsel of your employee assistance program.
- Contact Eldercare Locator, a service of the National Association of Area Agencies on Aging at www.n4a.org/locator or phone 1-800-677-1116 (9 a.m. to 8 p.m. EST weekdays). Trained specialists, Spanish-speaking consultants, and TDD/TTY access are available.
- A state-by-state listing of paid leave programs for caregivers can be found at www.paidfamilyleave.org.

Defending Against Nation's No. 3 Killer

How to Cut Stroke Risk by 80%

By Dr. J. David Spence

If you are caring for a disabled or aging family member, preventing a stroke deserves high priority. Not only is stroke the third leading cause of death in the United States, just think how much harder it would be if your loved one became even more disabled from stroke.

Loss of the ability to speak, or understand, or to transfer from bed to wheelchair, or from wheelchair to toilet, would be a big loss—and a huge caregiving burden.

Furthermore, preventing your own stroke, as caregiver, is important. If you were to have a stroke, you would become a burden instead of a caregiver. So stroke prevention is an issue that affects both you and your loved one.

The good news is that stroke can be reduced in high-risk people by 80%. This article will summarize how that can be done, in approximate order of benefit for various interventions.

Smoking Cessation



New Zealander Ruth Bonita was the first to properly separate non-smokers into two categories: those regularly exposed



to passive smoke, and those seldomly exposed. When she did this, it became apparent that smoking increases the risk of stroke six-fold, and second-hand smoke nearly doubles it.

To quit smoking requires embracing the parable of the cold lake: it doesn't take willpower to do something that has to be done. If you are walking along the shore of a cold lake, and one of your children or grandchildren is drowning, it takes no will power to go into the lake; it has to be done.

What makes smoking cessation go on and on is thinking of it as *trying* to quit. Once you decide to quit smoking, the hard part will be over in six weeks; a nicotine patch and bupropion can reduce the cravings, but they are not the magic switch for quitting. What works is making up your mind to never take the first one, no matter how hard it is. Like the lake, it has to be done.

Diet

The Mediterranean diet, from the island of Crete, has been proven in two studies to

reduce strokes and heart attacks by 60% in four years, compared to the North American diet. That's a heady result.

This diet is good for the arteries because it is high in good stuff and low in bad stuff. It is high in beneficial oils such as olive and canola, high in whole grains, fruits, vegetables, lentils, beans and nuts—and low in cholesterol and animal fat. People at high risk of a stroke should eat no egg yolks, use margarine with canola and olive oil, and eat only 2–3 ounces per day of animal flesh.

For most North Americans, it's easier to save up the meat allowance and have a decent piece of meat (about the size of the palm of your hand, but not that thick—more like a hamburger patty) every other day. To make this work, you will need to try a lot of recipes. Books, such as mine—*How to Prevent Your Stroke*—plus numerous other books and websites provide literally thousands of recipes that make this restriction enjoyable.

Blood Pressure Control

The key to bringing blood pressure under control is finding the underlying cause of the hypertension.

In anyone with resistant high blood pressure, but particularly in African-Americans, two simple blood tests make all the difference. The level of plasma renin and plasma aldosterone sort out the cause of the hypertension, and what to do about it.



Surgery or Stenting of Narrow Carotid Arteries

For people with narrowing of the carotid arteries (the main arteries to the front of the brain), an operation to clean out the blockage, or a procedure called stenting, in which a metal sleeve is placed in the artery by putting a long thin tube (called a catheter) up from the main artery in the leg, can reduce the risk of stroke. But it all depends on whether there have been symptoms from that narrow artery.

If there has been a small warning stroke, opening the artery reduces the risk of stroke by two thirds. But if there have been no symptoms

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Six Steps to Sanity

Time Management Tips for Caregivers

By Melissa A. Goodwin

With two daughters in grade school, two part-time jobs, and a husband who traveled frequently on business, Jessie Hart had a very full life. Her days whizzed by in a constant stream of phone calls, drop offs, pick ups, errands, and working at home or at her job. So when Jessie's 80-year-old dad had a stroke and was no longer able to care for her mother who had Alzheimer's, it threw Jessie's life into complete chaos.

"It was a huge transition when Mom came to live with us," says Jessie. "She needed constant attention, even more than the kids. For the first few months, I couldn't figure out why everything seemed so out of control. My husband and kids felt neglected, we were late for everything, I was impatient with everyone, I never had a moment to myself, and everyone was overtired and on edge."

Like so many caregivers, Jessie found that time, a commodity that was already scarce, now seemed to be in a constant deficit. Not only did she have no time for herself, there wasn't enough time for *anything*.

Jessie, who lives in Princeton, Massachusetts, quickly learned that the unstructured lifestyle that had worked well enough before, no longer did. "I realized that I needed to find ways to manage my time better. But frankly, I've never been much of a planner and I really didn't know how. I just stumbled along for the longest time."

Eventually, Jessie made adjustments that helped her cope with the demands of the new situation. But without any real guidance to help her, it was a pretty painful process. "Looking back," she says, "there's no question that I could have benefited from some time management techniques."

Six Steps to Sanity

Many principles recommended by time management experts can be applied in caregiving situations, but perhaps the following six steps can most help caregivers regain control over what may seem like an impossible situation.



Step 1: Plan Ahead

Some people just don't like to plan. But without planning, caregivers can wind up overcommitted, overwhelmed, and exhausted.

Begin by gathering the family together and writing down each person's activities for each day of the week and the times associated with them. Make sure you include your own activities such as exercise class or lunch date with a friend. At first, just get it all down without worrying about how you're going to fit it all in.

Next, look for any situations that are problematic, such as a school pick-up time that conflicts with a doctor's appointment. Once you know the schedule and potential problems, you can think about solutions. For example, you could ask a friend to pick up your child, your husband could leave work to

do it, or the appointment could be rescheduled to another day.

Although looking at the whole schedule may seem overwhelming at first, the reality is that this is your schedule regardless of whether you write it down. Getting it down on paper and organized by day and time helps prevent you from overcommitting yourself, and identifies potential timing conflicts before they become crisis situations. And, it engages the whole family in understanding the challenges and helping to find solutions.

Step 2: Prioritize, Prioritize, Prioritize

Prioritization is probably the most critical component of the caregiver's time management plan. Once you have gathered the schedule for the week, you and your family can set priorities.

First, identify your obvious "must-do's," which are limited to absolute essentials, such as getting to school and work on time or to critical medical appointments. Next, look for activities that can be put off until next week. For example, if you agreed to bake for this week's Brownie meeting but this week is just too full, ask if you can switch with someone else.

Don't be afraid to ask your husband and kids to prioritize too. One idea is to have everyone write down the five non-

essential activities this week that are nonetheless most important to them, in order of importance. Make an agreement that, if necessary, the bottom one or two may have to be dropped. Try to make sure that everyone—especially you—gets to do at least one or two of their highest priority activities during the week. Don't discount the importance of activities that foster your physical and mental health, such as your Yoga or Pilates class.

Step 3: Make the Most of the Morning

If the morning gets away from you, it can throw off your whole day. Time management experts strongly recommend establishing a morning routine—doing the same things every morning, in the same order, at roughly the same time. That way, everyone knows what to expect, and surprises are both less frequent and easier to deal with.

Jessie found that by going to bed earlier and getting up an hour earlier, she reduced her stress level and was more prepared to face each day. "It finally occurred to me that I could have a little time for myself and get a head start on the day," she says. "In the morning, I take a walk, organize my day, make lunches, or just enjoy a bit of peace and quiet. By the time everyone else gets up, I feel a little more prepared for the day ahead."

Step 4: Screen Phone Calls

Every phone call is not a high priority, so it's wise to screen your calls. Jessie acknowledges, "We have the kind of house where the phone rings off the hook. I was in the habit of always answering it, and would end up talking to people about things that could have waited until later. Invariably, I wound up behind schedule."

The phone answering machine can be your time management ally, because it allows you to listen to deal with the calls at your convenience, not that of your callers. It also allows you to prioritize the importance of the calls you've received, making you more efficient with your time.

Step 5: Find Your Support Systems and Use Them

A system of support is an essential part of the caregiver's time management tool kit. Seek out support systems that can free up

your time. For example, is there an adult day care center that your loved one could go to a few days a week? Local volunteer caregiving programs also offer free services such as visiting and caregiver relief that can give you a much needed break. The Faith in Action program has a website at www.fiavolunteers.org that provides information on local caregiving programs across the country.

If you have children, form a group with other mothers for rotating after school play dates. Let your friends know your situation and work with them to see if there are ways you can help each other out. Everyone's situation may be different, but almost everyone needs help sometimes and is willing to help out in return.

Step 6: Accept That You Have to Make Choices

This may be the toughest step of all. The situation is hard; it often feels unfair. But accepting that this is how it is—for now—will make a big difference to your outlook.

"The hardest part of all for us was saying no to things we wanted to do," says Jessie. "We have many friends, and it was very hard at first to miss out on social occasions. It felt unfair, and sometimes I blamed Mom for changing our life so much. But after a while, we realized that we enjoyed the extra evenings at home. We just let our friends know that they shouldn't stop inviting us!"

Expecting the Unexpected

Every caregiver's situation is different, but there are also commonalities. Caring for a loved one is time-consuming and can be physically, emotionally, and mentally draining. Without good planning, it's easy to feel overwhelmed. And, even with good planning, unexpected events will always come up to throw off the best laid plans. But learning to manage time can lower your stress and help you cope with whatever arises. With a few of these time management skills, caregivers can even eek out a little time for themselves. ■

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States Chip in with Caregiver Compensation Programs

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other items. In some circumstances, caregivers may be eligible for direct cash compensation. While in most cases compensation is provided to family members who are not immediate family, there are times when immediate family is eligible for pay, such as when they are caring for a loved one with dementia or who lives in a rural area.

- Under a just-enacted law, Massachusetts elders who meet Medicaid criteria and who qualify for nursing home care now have the option of receiving compensated home-based care from family members or friends. The Enhanced Adult Foster Care program covers up to \$18,000 annually for family members who provide 24-hour care in the home. These caregivers receive specialized training, support of both a registered nurse and care manager, and help in locating respite services. ■

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

COMING UP IN JANUARY

- The taxman cometh every new year, seeking his due. We'll tell you **how caregivers can turn the tables** in certain cases as part of our series *Plugging the Elder Care Dollar Drain*.
- Are you **daunted by your parent's finances**, managing their bills and keeping everything straight? Get the low-down on services that can help.
- **Keeping Mom and Dad safe in their own bed.** A look at bed safety and the elderly—from falls to transfers to rails and poles that assist.
- **Give up on our elderly? Over my dead body!** A peek into the unspoken practice of limiting care as the elderly get older, when doctors weigh benefit vs. risk.



Mom's Smile Is So Sweet

...How Can Her Breath Be So Bad?

By Kelly D. Morris

There are a number of things that can contribute to bad breath, technically known as halitosis. Fortunately, there are rather simple solutions for most of them.

Everyone knows certain foods are likely to cause bad breath. Garlic and onions are probably the best known offenders. It's easy to deal with bad breath caused by certain food: just don't eat them! Or, if you do indulge, brush your teeth or pop a breath mint afterward. Problem solved!

There are many other causes of bad breath, though. The most common is, quite simply, poor oral hygiene. Many adults have never learned good oral hygiene techniques, so here's a quick refresher course.

There are a lot of bacteria in the mouth, and bacteria smell bad. Because our mouths are warm and wet, bacteria grow and thrive there. Bacteria also feed on food particles left in the mouth, which is why brushing after each meal is important.

Thorough brushing and flossing remove bacteria and go a long way toward relieving bad breath. Brush teeth daily, preferable after every meal. If you can't brush after every meal, the American Dental Association recommends brushing at least twice a day with a toothpaste containing fluoride. Use an up-and-down motion rather than brushing side-to-side.

Kelly Morris is a former social worker and home health and hospice worker whose writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multihearts@hotmail.com.

It can be hard to reach those back teeth, so an angled toothbrush with soft bristles might help.

Focus on the Elderly

OK, so much for the basics—but what about our loved ones who can reek with unidentified breath odors?

Kerry Dioni, a home health aide in Green Hills, Ohio, says, "Older people with arthritis often have trouble holding a toothbrush properly. Medical supply stores have these foam grips that can go on the handle of a toothbrush to make it both bigger and softer to hold on to. Those can help a lot."

In addition to clinging to teeth, bacteria also live on our gums and tongue. Be sure your elderly brush the gums and tongue while brushing teeth. There are special instruments called tongue scrapers, which do just what the name suggests; they scrape that whitish-yellow coating off your tongue. If brushing doesn't do the trick, try one of these.

Floss regularly—at any age—to eliminate bacteria hiding between teeth. They now make these wonderful things called "floss picks," little plastic devices with dental floss stretched between two picks. You don't have to mess with long strings of floss wrapped around your fingers anymore. You can buy these anywhere you can buy dental floss.

Follow up with a mouthwash, if you like. Look for one that contains chlorine dioxide, which will neutralize bacteria. However, if your loved one has trouble swishing mouthwash around and then

spitting it out, skip this part. Simply swallowing mouthwash won't help with bad breath, and most mouthwashes have labels warning against swallowing.

Dentures Can Be the Culprit

Dentures require proper cleaning, as well. They should be properly cleaned each day. Brush them with toothpaste, rinse, and place in a dish of water with a denture-cleansing tablet containing alkaline peroxide. These are available at any local drugstore.

Gum disease, technically called periodontal disease, also causes bad breath. Both food particles and bacteria gather below the gum line. In addition to bad breath, other signs of periodontal disease include bleeding gums and extreme sensitivity to heat or cold. The risk of periodontal disease increases as we age, so the elderly are quite susceptible to it.

Having a dry mouth, often a condition in our elderly, can also contribute to bad breath. As Stephen Wolner, a dentist in New York City, explains, saliva helps break down food particles in the mouth and washes them away. There are also enzymes in our saliva that help kill bacteria. Chewing sugarless gum can help if you can't brush after a meal. "It makes you salivate, and the more saliva you have in your mouth, the fewer bacteria you have," Dr. Wolner says.

As we grow older, our saliva glands don't function as well, so the elderly tend to produce less saliva than a younger person. Drinking lots of water can help. Avoid sugary drinks, though.

Meds Cause Bad Breath

Many medications cause dry mouth. Antihistamines (often found in cold and allergy medication), antidepressants, blood pressure medications, and diuretics are common culprits. This can be a big problem for many elderly people, since they often take a number of medications.

Regular visits to a dentist will help to identify and treat any oral problems that may contribute to bad breath. Don't be afraid to ask the dentist about it. And don't let your loved one talk you out of keeping their dental appointment.

If a visit to the dentist doesn't resolve the problem, check with your loved one's doctor. A number of medical conditions can cause bad breath, as well. Problems with the digestive system and kidney and liver trouble are common problems that can affect breath odors.

Of course, it is often embarrassing to discuss the problem. Just how do you tell mom her breath is not so sweet? Well, be gentle and use as much tact as possible.

Coax Mom into Self-Care

Try sharing the information you've learned. Try starting a conversation like, "Hey, Mom, I read something really interesting today. Did you know they make some sort of scraper to clean your tongue and get rid of bad breath? I think I'm going to get one and try it. Do you want to try one, too?"

Make sure mom has the correct tools, including a good toothbrush, dental floss or floss picks, mouthwash, and denture cleansing tablets. Find a toothpaste and mouthwash with a pleasant taste. Also make sure she sees a dentist regularly.

If mom is unable to brush her teeth, and if you need to do it for her, remember that this can be a very intimate thing. It's a bit like having to bathe her. She may feel embarrassed about it, and you might feel uncomfortable, too. Try to be matter-of-fact about it. Follow the guidelines given here for good oral hygiene and talk about something pleasant while you brush and floss her teeth.

While this is an overall sensitive topic, there are things you can do to help Mom maintain good oral hygiene and keep her breath fresh. And don't forget your own oral hygiene while you're at it! ■

How to Cut Stroke Risk by 80%

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from the narrow artery, the risk of surgery or stenting may be higher than the risk of stroke. This can be sorted out with a test in which ultrasound probes are aimed at the main arteries inside the head.

If small chunks (microemboli) are breaking off the carotid arteries and going into the head, the risk of stroke in the next year is 15%; if there are no microemboli, the risk of stroke is only 1%, and medical therapy will be better.

Antiplatelet Agents and Anticoagulants

Platelets are small cells containing clotting factors. They travel in the bloodstream, and when they are damaged, they tend to form clumps. Drugs like acetylsalicylic acid (ASA, Aspirin) work by reducing the tendency of platelets to clump together and block arteries ("white thrombus"). ASA reduces the risk of stroke by 25%, and adding other agents such as clopidogrel (Plavix) or dipyridamole (in a combination pill called Aggrenox) reduces the risk of stroke a bit more.

In some patients, though, a different kind of drug is required to reduce clotting. Clots that form in the setting of slow blood flow—like a deep vein in the leg, or the section of the left atrium in the heart called the auricle, or in the setting of a heart rhythm disturbance called atrial fibrillation—require a drug that interferes with the formation of a mesh of fibrin. This kind of clot is called red thrombus and requires treatment with drugs like heparin given intravenously or warfarin (Coumadin) given orally. In high-risk patients with atrial fibrillation, these drugs, which are classed as anticoagulants, can reduce the risk of stroke by half.

Vitamins for Homocysteine

Although there has been some controversy about this recently, it is very likely that vitamins to reduce the levels of a newly

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recognized risk factor called homocysteine can reduce the risk of stroke.

Homocysteine increases blood clotting and damages the artery lining. High levels are associated with a nine-fold increase in the risk of stroke. In most people, a combination of a multiple vitamin (which provides folic acid and vitamin B6) and a larger dose of vitamin B12 will bring levels of homocysteine down to near target.

In some people, addition of betaine may be helpful. The key issue here is understanding that a deficiency of vitamin B12 is much more common than your doctor may think. A statistically "normal" blood level of B12 is not the same as an adequate level; about 30% of patients with artery disease over age 71 are deficient in B12.

Here's the bottom line, pure and simple: The risk of stroke can be slashed by a whopping 80% through smoking cessation, a Mediterranean diet, blood pressure control, surgery or stenting of the carotid arteries, medications to reduce clotting, and vitamins to lower homocysteine. That's impressive – and it deserves your attention, for for and your loved one. ■

RED FLAGS FOR RISK OF STROKE

Stroke's impact on U.S. society is dramatic—about 700,000 strokes suffered each year leading to nearly 157,000 deaths.

Awareness is a key to stroke prevention. You or a loved one stand a strong chance of becoming one of these statistics if you have a history of:

- Small strokes or transient ischemic attacks (TIA's)
- High blood pressure that is not well controlled
- A heart rhythm disturbance called atrial fibrillation
- Artery disease in the heart, legs, or the arteries to the brain (carotid arteries)
- Other risk factors, such as smoking and high cholesterol
- Strokes or heart attacks at a young age in the family

Heart Disease, Pneumonia Most Common Reason for Hospitalizing Elderly

Cardiac-related conditions such as congestive heart failure, hardening of the arteries, heart beat irregularities, and heart attack account for four of the five most common principal diagnoses for hospitalizing elderly patients, according to a new report by the federal Agency for Healthcare Research and Quality (AHRQ).

Here are highlights from the report:

- Collectively, these five conditions accounted for nearly 2.4 million hospital stays in 2004.
- Pneumonia was the second-leading condition with 713,000 admissions.
- The next five leading reasons for hospitalizing the elderly included osteoarthritis, stroke, chronic obstructive pulmonary disease, rehabilitation care and fluid and electrolyte disorders, such as abnormally high sodium levels in the blood.

- The leading causes of hospitalization of the elderly have remained largely consistent since 1997, according to AHRQ.
- But what it costs hospitals to treat elderly patients has not remained consistent. The average hospital stay for elderly patients cost hospitals \$9,800 in 2004—an increase of more than 25% increase over the \$7,800 average cost in 1997.

AHRQ's statistics were drawn from the Nationwide Inpatient Sample, a database of hospital inpatient stays that is nationally representative of all short-term, non-federal hospitals. The data covers hospitals that comprise 90% of all discharges in the United States and includes all patients, regardless of insurance type as well as the uninsured.

To see previous news and numbers from AHRQ, visit www.ahrq.gov/news/newsnumix.htm.

Relief for Itchy Winter Skin

Winter can make dry skin especially irritating. Try following these tips to relieve winter itch:

- **Soak in the tub.** Keep the water lukewarm. The temperature shouldn't be above 90 degrees F. Adding bath oil to the water may help retain and replenish the oil in the skin.
- **Use soap sparingly.** If possible, limit soap use to the face, armpits, genitals, hands and feet. Avoid antibacterial and deodorant soaps. Mild cleaners such as Cetaphil, Dove or Vanicream are less drying. Avoid products with fragrances and lauryl sulfates, which can be irritating.
- **Pat skin dry.** Avoid rubbing or wiping the skin. Instead, leave it moist by gently patting or blotting with a towel.
- **Moisturize.** Immediately after drying off, apply a thick moisturizing cream or ointment. Avoid creams or lotions that contain alcohol.
- **Use a humidifier.** Keep indoor air moisture levels at 40% to 50%. Keep the house on the cool side; between 68 F and 75 F is reasonable.

— Source: Mayo Clinic Health Letter



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Or donate an anonymous gift subscription which we will use to benefit an individual in need of the knowledge and support *Caregiver's Home Companion* provides, but may not be able to afford the few extra dollars to subscribe. We will see that your gift is properly assigned to a needy caregiver.*

We all know the importance of "care." This is your chance to share your care with a gift subscription to help others.

Call NOW toll free at (877) 259-1977, or fill out the simple gift subscription form online at <https://www.caregivershome.com/subscriptions/giftsubscriptions.cfm>.

* Note: anonymous subscription donations may only be submitted by using our toll free phone line.

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 the headline is a photograph of two bottles of alcohol. To the right of the main article is a sidebar titled 'Spirituality to Help eging Stress' with a silhouette of a person. At the bottom of the newsletter cover, there is a section titled 'INSIDE THIS ISSUE' with a list of articles: '3 Start Your Caregiver's Journey', '4 Looking for Care & Support', '6 Looking for a Home to Live in', '7 Looking for a Home to Live in', and '7 Looking for a Home to Live in'. The newsletter is dated 'Volume 1, Issue 1, December 2004'.