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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

When Mom and Dad **Untie the Knot**

Helping Our Loved Ones Through Divorce

By Ursula Furi-Perry

Trauma abounds when an aging couple decides to divorce, even if the divorce is not born in acrimony but in practicality. The trauma touches all involved, not just the older couple but their caregiving family, especially adult children.

The sad fact is that as Mom and Dad age and one of them becomes ill or requires expensive care, their life savings can nearly evaporate unless a marital dissolution—and the dissolution of joint assets—takes place.

That's in part why divorce after age 65 is becoming increasingly common. According to Census Bureau statistics, the percentage of people over 65 who were divorced was only 1.5% in 1960, but climbed to 5% in 1990 and nearly 8% by 2005. Though this represents only a slight literal percentage increase, it means divorce jumped more than 50% in the 1990-2005 period when the percentage of all divorced adults had remained largely constant.



One of the most common practical reasons for elderly divorce is to prevent “spousal impoverishment.” This is a term used to describe the resulting financial condition when one spouse’s health begins to deteriorate, triggering expensive care, and the well spouse is left bearing the legal

and financial burden of paying for long-term medical care and nursing home living. In the case of nursing home costs alone, fees can approach \$6,000 a month, according to the Centers for Medicare and Medicaid Services.

“As a married spouse, you have the obligation to share in the cost of that care,” explains Michael Myers,

professor at the University of South Dakota School of Law and host of the school’s ElderLaw Forum.

And unlike acute medical care, long-term care requires the well spouse to spend down the couple’s nest egg, says Myers. Though federal law permits the well spouse to retain ▶



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Nearly 8% of the over-65 U.S. population is divorced, increasingly for practical financial reasons rather than incompatibility.

— Source: U.S. Census Bureau

When Mom and Dad Untie the Knot

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some of their share of the couple's assets, the so-called Spousal Share Allowance is capped at a maximum of \$101,640.

So, if the couple has accumulated \$500,000 in assets over the years, nearly \$400,000 could potentially be required to finance the sick spouse's long-term care, leaving the well spouse with few resources for the future. In some cases, the monthly Community Spouse Resource Allowance can mean there's as little as \$1,600 for monthly expenditures by the well spouse. This obviously can drastically change the healthy spouse's lifestyle for the rest of their life.

As such, for some couples, divorce seems to be a viable alternative—despite many years of togetherness and marriage. That's because divorce may call for an instant dissolution of the marital assets, thereby exempting the well spouse from financial liability for the sick spouse's long-term care.

Of course, financial considerations aren't the only reason people over 65 divorce. "Oftentimes, these are long-term marriages where somebody has waited (to get divorced)," says Constance Ahrons, Ph.D., professor emerita of sociology at the University of Southern California and author of *The Good Divorce and We're Still Family: What Grown Children Have to Say About Their Parents' Divorce*. While in some situations a separating event, such as one spouse falling in love with another person, can cause the split, most divorces after age 65 involve pent-up, ongoing frustration between spouses. And, in fact, when it comes to divorce after 65, more women leave than men.

Whatever the reason for divorce, one thing is certain: the split can cause challenges and rifts not only for the aging couple, but also for their adult children and caregivers. Consider the following tips to help your loved ones—and you—through this difficult time:

Be supportive. Sometimes, adult children can understand their parents' reasons for divorcing,

but often they don't, making the split even harder on the parents, Ahrons says. Consider counseling for the whole family, if possible, advises Ahrons.

It's important not to take sides or "allow the parents to use (you) in any way," says Ahrons. Don't become an intermediary, a messenger, or a mediator; instead, hire a professional mediator or marriage counselor if it becomes necessary. Professionals can help ensure a less painful divorce and smoother transition for all involved.

If the divorce is triggered by practical reasons, help your loved ones consider viable options that won't leave the well spouse in a financial nightmare. Short of the extremes of either going broke from long-term care bills or being wealthy enough to afford them, Myers says purchasing long-term care insurance may be a good option. However, this is only an option if it's purchased in advance, while both spouses are healthy. Myers recommends signing on by age 55, although the average age of entry is 61. "If you wait too long, it becomes so costly that you might as well put it (your money) in a piggy bank," Myers says.

Another option when used early enough in cases of practicality is to grant the couple's property to their intended heirs and reserve a life estate for the couple. This allows the older couple to live in the marital home for the rest of their lives, even though title belongs to the heirs with no strings attached. Recent federal regulations mandate that this plan be put in place at least five years before long-term health complications become evident, Myers says, meaning the couple may still not be protected financially if they wait too long. In addition, "The drawback for many people is that they're wary of giving their assets away and becoming dependant," Myers says. "It requires a very trusting relationship."

Regardless of the motivating circumstance, stay connected with your own emotions. While the decision to divorce may be easier to reach with no young children in the picture, the parents' divorce may be just as tough for an adult child to accept, Ahrons says; they may still feel like their family is falling apart, even if they now have a family of their own. Be sure you evaluate your feelings, and seek counseling or support for yourself as necessary ■

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

How Does Dad Deal with Pain?

Easing a Loved One's Painful Burden

By Dr. Vicki Rackner, MD

A parent or partner in pain can bring even the strongest, most capable caregiver to their knees. You want to do the right thing. Yet, when someone you love is in pain, it's easy to collapse into a helpless state of fear.

"It was one thing enduring my kids' runny noses and not knowing how to get them to blow them or sneeze so they'd be comfortable," recalled Billy. "It was something else entirely standing next to my dad in bed and watching him struggle unsuccessfully to turn over into a more comfortable position. I bent over slid my arms underneath him and lifted him up as reverently and as gently as I could but his loud cry of pain was unnerving!"

Should Billy have offered his father pain medication? Phone the doctor? Call 911? Choosing a course of action that best serves a loved one in pain can be a huge challenge.

While there are no "right" answers, understanding the way your loved one responds to pain—and how you respond to pain—offers valuable information that can guide your next steps.

Just as each of us has a style of dressing, so, too, each of us has a style of addressing pain's subtle and not-so-subtle signals. I noticed five patterns of "addressing styles," which I call the "pain personalities:" Strong Stoic, Worried Well, Ostrich, Victim, and Ideal Patient. I believe such style is shaped in childhood and is largely unalterable. However, the way in which the pain style is understood and managed can literally make the difference between life and death. As an

Dr. Vicki Rackner is a board-certified surgeon and clinical instructor at the University of Washington School of Medicine who left the operating room to help caregivers and patients take the most direct path from illness to optimal health. Get your free tips "Caring for the Caregiver" by contacting her at DrVicki@DrVicki.org.

aside, if you have a conflict with your loved one about pain, it's usually because you have different pain personalities.

The Strong Stoic

Gerda, who comes from sturdy Scandinavian stock, says, "You needed to be near death's door before Mother called the doctor. Sure, money was tight. But I think the real reason we didn't go to doctor was pride. Although Mother never said it, we knew that being healthy and being tough were sources of pride. Illness and pain were shameful conditions that were hidden."

If your parent or spouse is a Strong Stoic, expect that you will not hear about pain until the situation is quite serious. Be on the lookout for behaviors that suggest something is out of balance—sleep changes, giving up a typical activity, or a voice on the phone that does not sound right. Emphasize the courage and strength of character to seek medical advice and focus on a return to health. Make certain that all healthcare providers, particularly emergency care doctors, know your parent is a Strong Stoic. You can say: "My mother rarely utters a complaint. When she says she's in pain, I take it very seriously."

The Worried Well

Another group, previously labeled hypochondriacs, is called the Worried Well. These are intelligent people who hear details of an illness on the news and—in their very active mind—recognize they have several of the symptoms—and maybe even have the diagnosis! They know just enough to be dangerous.

One out of four visits to primary care doctors deals with the latest concerns of the Worried Well. If Strong Stoics go to the doctor too late, the Worried Well go too early.



The Worried Well do best with regularly scheduled office visits. If your mother or father is a member of this club, you know how easy it is to tune out during the long litany of new complaints. However, just as a broken watch is right twice a day, illness can really strike!

The Ostrich

It seems we all need a healthy dose of denial to read the newspaper and get on with our days. However, denial can go overboard and threaten health. In fact, many disease processes like alcoholism and eating disorders are built on a foundation of deception and denial.

The Ostrich hides his head in the sand during times of pain to construct a reality on which everything's okay. Ann recalls an instance this way: "After Thanksgiving dinner, Dad was popping antacids for 'heartburn.' Mom was worried when she noticed that Dad's grey skin was beaded with sweat. Dad said that he was fine and he even got mad at Mom when she called 911."

If your parent is an Ostrich, your most effective strategy is to understand your parent's reality, then offer an alternative point of view that has the weight of a doctor's authority behind it. For example, you can try: "Yes, Dad, you may well just have heartburn. But your doctor insists that we make sure it's not a heart attack."

The Victim

Tom grew up in a family that unintentionally rewarded illness. "Staying home from school when I was sick used to be more fun than family vacations!" he says. "I had my mom's undivided attention, and all the TV and ice cream I wanted."

These childhood lessons about the goodies received for being a victim of illness can carry through to adulthood.

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Is Mom's Home a Potential Minefield?

Strategies for Maintaining a Loved One's Independence

By Melissa A. Goodwin



Every time I struggle to open a bottle with a child-proof cap I have the same thought: "How on earth will I manage to do this when I am old?"

PROBLEMS AS WE AGE

According to research funded by the Administration on Aging, older people identified the following as the most significant problems they face in performing functions of daily life that help them remain independent:

- Opening medicine packages
- Reading product labels
- Reaching high things
- Fastening buttons, snaps, or zippers
- Vacuuming and dusting
- Going up and down stairs
- Cleaning bathtubs and sinks
- Washing and waxing floors
- Putting clothes over one's head
- Putting on shoes, socks, or stockings
- Carrying purchases home
- Using tools
- If something happened at home, no one would know
- Using the shower or bathtub
- Tying shoe laces, bows, and neckties
- Moving around the house without slipping or falling

As we age, the simple acts of daily life become more challenging. And for loved ones who have become physically frail, even the simplest tasks can become impossibilities.

When a loved one's capabilities become limited because of illness or disability, the home that has always provided comfort and shelter is suddenly transformed into a minefield of potential dangers. Area rugs become trip hazards, door-knobs are a hindrance, and navigating stairs can be as terrifying as walking a tightrope across Niagara Falls.

So how do we help our loved ones overcome the obstacles and maintain their independence at home for as long as possible? In short, a strategy that combines enlisting support services and systems, improving home safety, ensuring adequate nutrition, and simplifying lifestyle can significantly prolong your loved one's independence.

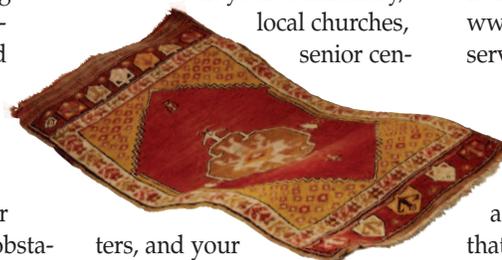
Begin by researching all available support systems in your community. There are a variety of volunteer organizations and senior home-care businesses that can help with transportation, shopping, meal delivery, cleaning, meal preparation, and other home care

services. Next, take a hard look around the home, with an eye to identifying potential dangers. Then look for ways to make the simple activities of daily life easier for your loved one by making household items easily accessible and simplifying basic tasks like dressing.

Enlist Systems of Support

Volunteer caregiving programs nationwide provide services—often for free—that help older adults remain independent. Local programs can be found by accessing the Faith in Action website at www.fiavolunteers.org. If a

program does not exist in your community, local churches, senior cen-



ters, and your state Area Agency on Agency (AAA) will refer you to similar programs. (Call 1-800-677-1116 for the AAA in your area.)

Services offered by volunteer programs typically include transportation to medical appointments, help with grocery shopping, visiting, and assistance with minor home repairs. These programs do not usually offer services such as cleaning, cooking, or assistance with personal grooming.

If your loved one needs a higher degree of assistance, you may want to consider hiring a home-care business. These com-

panies provide a broad range of non-medical services geared toward helping older adults maintain independence at home. Services often include housekeeping and meal preparation, as well as bathing, dressing, and toileting assistance. Fees vary, so it's a good idea to talk to several providers before making a choice. You can search the Yellow Pages, or contact your state Area Agency on Aging for referrals. The website www.Helpguide.org provides excellent in-depth information about home care, what to consider, and how to choose a provider. The Eldercare Locator, a service of the federal government, has an online database at www.eldercare.gov that lists service agencies for seniors.

It's also a good idea to enroll your loved ones in a personal response service, which

allows them to push a button that automatically dials a 24-hour assistance center in the event of an emergency. Other services make phone calls to check on Mom or Dad. These services can give your loved ones a sense of security and you peace of mind because they are reliable, easy to use and always accessible.

Make the Home Safer

Falls in the home are a major source of injury to older adults. Many caregiving programs offer a home safety assessment that will help you identify hazards in the home and explain what equipment can be installed to alleviate safety concerns. They



may also have volunteers who will install safety features such as grab bars in showers and tubs.

Alternatively, you can perform your own home safety assessment and make alterations yourself. Walk through your loved one's home, looking for hazards. Are there loose area rugs, slippery floors, or clutter that can impede mobility? Are often-used items within easy reach, or would a stepstool be needed to reach them? Is lighting adequate throughout the home? Is there a walk-in shower, or must your love one step up to get in and out of the shower or tub?

Here are some common home safety alterations to consider:

- Remove area rugs.
- Secure carpets and rugs with double-sided tape.
- Install handrails on both sides of all stairs, inside and out.
- Install grab bars in showers and tubs.
- Install nightlights throughout the home.
- Install brighter light bulbs in all fixtures.
- Install lights in closets.
- Put reflective, non-slip tape on all non-carpeted areas, especially stairs.
- Relocate washer and dryer to first floor instead of basement.
- Relocate often used dishes, cookware, and small appliances to easy-to-reach locations.

Ensure Adequate Nutrition

Loss of appetite and lack of energy for adequate meal preparation can lead to poor nutrition, increasing the likelihood of illness and accidents for an already frail person. However, many communities offer home-delivered meal programs and grocery shopping services that can ensure that loved ones have access to nutritious food on a regular basis.

Meals on Wheels is a national pro-

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gram that delivers nutritionally balanced meals to the homebound. Financial need is not a requirement for receiving meals, but your state Area Agency on Aging will perform an evaluation to determine if an individual qualifies to have the cost of meals paid for under the program.

Make Little Things Easier

A few simple additions, changes, and tools can help make small tasks easier for your loved one. The website www.aging-parents-and-elder-care.com provides information about products that make life easier around the home.

In addition, here are some easy changes that can help:

- Install easy-to-grasp handles on drawers and doors
- Switch from door-knobs to lever-style handles
- Switch medications to easy-to-open containers that are clearly marked
- Purchase aids such as jar and bottle openers from suppliers that specialize in these products
- Switch to simple, comfortable clothing that can be easily pulled on and off, and slip-on shoes with good tread and Velcro straps. ■



RESOURCES

Area Agency on Aging: www.n4a.org or call toll free (800) 677-1116

Eldercare Locator: (800) 677-1116

Faith in Action Caregiving Programs: www.fiavolunteers.org

For services to help seniors remain at home: www.helpguide.org/elder/senior_services_living_home.htm

Independent Living: Resources and products to help seniors stay in their own homes: www.aging-parents-and-elder-care.com/Pages/Independent_Living

To making the home safe for seniors: A room-by-room assessment: www.familycaregiversonline.com

How Does Dad Deal with Pain?

Continued from page 3

Kelly said, "Mom is always talking about her sleep problems. One day I came to her house to find her napping. I heard loud snoring, then saw her hold her breath. She looked just like the patient on the TV show about sleep apnea. Maybe Mom had sleep apnea and there was hope that she would overcome her sleep problems! She never even spoke to her doctor about my idea. I'm not sure that Mom really wants to part with any of her problems."

If your parent is a victim, tough love is an effective approach: "Mom, I hear your words say you want to get better but your actions tell another story. You've complained bitterly about your sleep problems. Based on what I saw, I think you might have sleep apnea. When will you be talking with your doctor about this? Would you like me to join you for the appointment, so I can tell the doctor what I witnessed as you slept?"

The Ideal Patient

Ideal Patients pay attention to their bodies. They note the whispering messages before the body shouts out with pain and honors a well-developed trust in their intuition. They know when it's time to make a doctor appointment. Just ask James: "Mom had a new pain in her breast that worried her. She saw her doctor, who could not feel a lump. He said, 'You probably just bumped it. Your next mammogram is in four months. Let's hold off until then.' Mom trusted her instincts and requested an immediate mammogram which showed a small precancerous growth. She may have saved her own life by listening to her intuition even though her doctor recommended a different course."

Ideal Patients simply need your support and encouragement to listen to their intuition, even if the doctor says otherwise. You can tell your loved one: "Yes, your doctor went to medical school but you're the expert on your own body."

When someone you love is in pain, it hurts. Let your actions be guided, in part, by an understanding of the pain personality of both yourself and your loved one. You and they will benefit in the short and long run. ■

Proven Strategies for Aging Without Aching

Aging is inevitable, but the pain most people associate with getting older is not. Pain can't entirely be eliminated, but even as we age it isn't too late to take preemptive measures that can help assure living the rest of your life relatively pain-free.

"Your approach to making changes should be gradual," says Ziya Altug, MS, PT, a UCLA physical therapist and author of *The Anti-Aging Fitness Prescription*. "A lifetime of habits isn't going to be erased in one day."

Here is a four-step plan to age without aches, as published in *UCLA Medical Center's Healthy Years*:

Less Weight, Less Pain

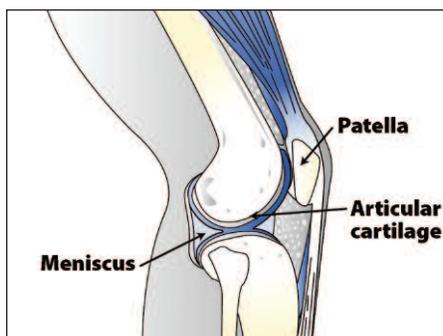
When older adults complain about pain, their discomfort generally starts with weight-bearing joints, particularly the knees. The knees are placed under tremendous stress with every step, but you can reduce that load one pound at a time. Researchers reporting in the journal *Arthritis & Rheumatism* found that for every pound of weight lost there is a four-pound reduction in the load placed on the knee joint with each step. The accumulated reduction in knee load for a one-pound loss in weight would be more than 4,800 pounds per mile walked. Lose 10 pounds and your knees would be subjected to 48,000 less pounds of pressure per mile. Less pressure, less knee pain.

There are three ways to lose weight. One is to eat less; the second is to exercise more; the third is to do both. The "One-Pound-a-Week" strategy and the "Perfect Triangle Exercise Prescription" described below can help achieve this goal.

One Pound a Week

An overweight or obese senior might be overwhelmed by the big picture demands of weight loss. Here's an idea: don't look at the big picture. Follow Altug's suggestion and take a gradual approach to

weight loss. One pound of weight equals approximately 3,500 calories. Take in 3,500 calories more than you expend over a period of time and you will gain a pound. Consume 3,500 fewer calories than you burn to lose that pound.



For every pound of weight lost, there is a four-pound reduction in the load placed on weight-sensitive structures in the knee such as the meniscus and articular cartilage.

Break that 3,500 number into smaller pieces. If calorie intake is reduced by 250 calories a day, and, at the same time, the body expends 250 more calories than usual, the net result is 500 calories a day. Multiply 500 by seven days and the net 3,500-calorie reduction/burn goal for losing one pound of weight is achieved.

The Perfect Triangle

It may be possible to compensate for some joint damage and pain through Altug's "Perfect Triangle" prescription. "We recommend a three-sided approach to your anti-pain prescription," he says. "By including strength, aerobic, and stretching activities in as little as 30 minutes a day, you can be on your way. Preserve your muscle mass by challenging them against a resistance determined by your fitness level. Use your own body weight (modified pushups), an elastic band, dumbbells, or machines three times a week to reach your goals."

Walking, biking, swimming, dancing, and low impact sports can benefit your

heart, lungs, and muscles. Stronger muscles support weakened joints and can reduce or eliminate the pain.

In addition, stretching exercises (arm raises, side bends, wall squats, calf raises, sitting knees-to-chest, and those included in Yoga, Pilates, and Tai Chi) will improve flexibility and range of motion, both of which may lessen pain.

Chondroitin and Glucosamine

Chondroitin and glucosamine, found naturally in and around cartilage cells, may be helpful in people with moderate-to-severe osteoarthritis. Taking 1,500 mg daily of glucosamine and 1,200 mg of chondroitin was proven effective in a government-sponsored study published in 2006. The supplements don't work for everyone, and it will take at least a month to determine if they are going to be effective.

These anti-pain approaches, in addition to over-the-counter medications like aspirin and ibuprofen, are proven and inexpensive. More aggressive strategies—prescription drugs and surgery, for example—should not be used until a doctor has determined something more than weight loss, exercise, or a supplement is needed. The UCLA publication notes there is no reason to accept the pain associated with aging. It concludes that aggressive implementation of a pain prevention and control program can result in a relatively pain-free older—even elderly—body. ■

FAST TIPS:

- ✓ Lose one pound a week by taking in 250 calories less and expending an extra 250 calories per day.
- ✓ Include strength, aerobic, and stretching activities in an exercise program.
- ✓ Ask a doctor if it's okay to try glucosamine or chondroitin supplements.

Not 'Going with the Flow'

Relieving a Busy and Bothersome Bladder

Does a busy bladder keep you out of bed at night and on your toes during the day? Are you frustrated by not being able to enjoy your favorite movie because you're constantly running to the restroom? Do you sometimes have accidents on the way, leaving you embarrassed?

If the answer is "yes," you may have an overactive bladder, and the embarrassment it can cause may be why many men don't seek immediate medical help. But putting off a visit to the doctor may result in complications, such as urinary stones, infections and even kidney damage, according to advice in the *Cleveland Clinic Men's Health Advisor*.

The good news is that there's no need to delay, since effective treatments can keep you in your seat instead of hightailing it to the bathroom. As evidence, a study in the November 15, 2006, *Journal of the American Medical Association* found that men treated with a combination of tolterodine and tamsulosin for 12 weeks saw significant improvements in lower urinary tract symptoms, including overactive bladder.

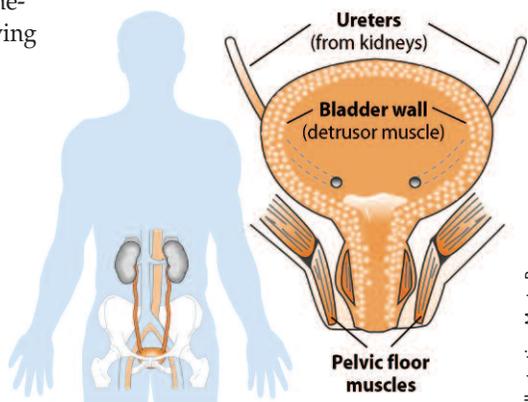
"If you can't get through a movie or a church service without having to get up to urinate, or if you have accidents trying to get to the bathroom, there's no reason to suffer," said Dr. Julian Gordon, a Cleveland Clinic urologist. "Even in people with severe problems, help is available."

Causes of Overactive Bladder

Most experts characterize overactive bladder as the need to urinate eight or more times a day or twice or more at night, frequently coupled with a failure to delay urination (urgency) and leakage of urine whenever the urge arises (incontinence). Overactive bladder occurs when the bladder's detrusor muscle contracts while the bladder fills with urine, when it

should remain at rest.

Researchers are unclear as to what triggers overactive bladder. Several neurological conditions, such as nerve damage from diabetes, stroke and



Parkinson's disease may cause a loss of bladder control. An enlarged prostate, urinary-tract infections, urinary stones and bladder cancer also may cause urinary symptoms.

Finding the Cause

Your physician will ask you about your medical history and have you keep a diary of your fluid intake, urination patterns and incontinence episodes. Based on your history and diary, the doctor often can suggest lifestyle changes that can improve symptoms.

Your doctor will do a urinalysis to check for, among other things, blood and signs of infection. The physician also will examine the size and consistency of your prostate, and will check your urine flow rates to see if an enlarged prostate or other obstruction is restricting the urine exiting your bladder.

You may undergo an ultrasound examination to determine if your bladder is emptying adequately and, depending on your symptoms, an electromyogram to measure nerve and muscle activity affecting bladder control.

Slowing the Flow

Your physician may work with you to "retrain" your bladder to resist urinary urgency, postpone urination and increase the time between bathroom visits. As part of retraining, your doctor may counsel you on pelvic-floor (Kegel) exercises to strengthen your pelvic muscles and help keep urine in the bladder.

Most patients find relief from a class of medications known as anticholinergics, or antimuscarinics, the Cleveland Clinic newsletter reported. Also, your doctor may prescribe drugs known as alpha blockers or 5-alpha reductase inhibitors if an enlarged prostate or obstruction is contributing to your urinary symptoms. When an obstruction is the cause and medications are not the answer, a urologist can use a variety of minimally invasive treatments that can be done in the office.

"There's no reason to have (overactive bladder) affect your quality of life," Dr. Gordon said. "Within a couple of office visits, we can usually work this out and get you treated." ■

COMING UP IN APRIL

- A geriatric care manager can be a family elder-caregiver's best ally. Who are these care consultants and what can they do for you?
- Once considered luxury, more and more caregivers are being advised to turn to massage for stress relief. Is massage right for you?
- At the end of the day, after all the strain of caregiving, this supreme effort is an act of love. A doctor guides us in how to best express this love.
- You're never too old for pain-relieving foot surgery. Keeping loved ones on their feet—mobile, happy and "worthwhile."

Identifying and Properly Treating Life's Aches and Pains

For many older adults, aching muscles and joints are common. Muscles weaken with age and become less flexible, causing stiffness or soreness.

But in some cases, aches are a symptom of a disease or side effect from medication. According to a report in the *Mayo Clinic Health Letter*, adults should check with a doctor when body aches last more than a month; when aching is intense or interferes with normal activities; when morning stiffness lasts more than an hour; or when aching has come on suddenly with no obvious cause.

There are several possible causes and treatments for body aches:

Polymyalgia Rheumatica. This causes widespread, moderate to severe joint stiffness and muscle aching that often involves the neck, shoulders and hips. Symptoms are usually worse in the morning. Relatively low doses of the corticosteroid prednisone usually provide remarkable relief.

Infections. Short-lived body aches can

accompany a bacteria or viral infection. Symptoms usually go away once the infection is gone.

Rheumatoid Arthritis. This and other forms of inflammatory arthritis are considered autoimmune diseases. The immune system attacks parts of the body, causing inflammation and tissue damage, particularly in the joints. A wide variety of medications, including corticosteroids or drugs that affect the immune system, are used to reduce pain and inflammation.

Inflammatory Myopathies. These autoimmune diseases, where the immune system attacks muscles, cause progressive muscle weakness over time. Treatments are corticosteroids or drugs that affect the immune system.

Depression. Aches and pains can be symptoms of depression. And people coping with chronic pain often can become depressed, worsening sensations of pain and aching. Combining antidepressant medication with psychotherapy

can help ease pain.

Cholesterol-lowering Medications. Muscle pain and weakness is a possible side effect of statin drugs, which are commonly prescribed to reduce cholesterol. Occasionally, statins may cause myopathy, characterized by severe muscle aching and weakness. To reduce pain, the patient may need to learn other ways to manage cholesterol levels.

Underactive Thyroid Disease. Most common in women over age 60, this occurs when the thyroid gland isn't producing enough of the hormone thyroxine. Symptoms include constant fatigue, muscle aches and an inability to stay warm in cooler environments. Treatment involves a synthetic version of thyroxine, usually taken in pill form.

Vitamin D Deficiency. Vitamin D is produced by the skin when it's exposed to sunlight. A deficiency can cause muscle weakness, aches and pains. Vitamin D supplements can ease pain. ■

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