

# Caregiver's

## HOME COMPANION

Volume 5 Issue 10 | June 2007

www.caregivershome.com

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

## Men as Caregivers

### What's Different When a Man Cares for a Loved One?

By Paula S. McCarron

**W**hen the phrase “family caregiver” is mentioned, the mental image is most likely that of a mid-life married woman caring for an aging parent or spouse. But the picture is changing: Today, one out of every three family elder-caregivers is male. And the trend is growing.

In fact, the number of male caregivers increased by 50% in just a 10-year period (1984–1994), according to the National Long Term Care Survey. And in findings from the “Sons at Work” study published by MetLife in 2003, men reported in equal numbers to women that they expected to become caregivers for a family member or friend.

One man who stepped into the role of primary caregiver is Mac Gwinn of Jackson, Michigan, who provided care for his wife, Mildred, over a period of six years. For four of those years, Gwinn cared for his wife in their home. As he says, “It was difficult. My wife did not want others coming in the home to help. So we were together all the time. I’d take her everywhere I’d go. It was up to me to take care of her and whatever needed doing.”

Although he was attentive to his wife’s needs, Gwinn says he lost sight of taking good care of himself. “I was so busy taking care of her that I neglected myself,” he said. “After ▶



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Caregiver's Home Companion  
is published monthly by:  
**Pederson Publishing, Inc.**  
P.O. Box 693,  
Southport, CT 06890-0693

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"The stereotype is that it is the daughter or daughter-in-law who steps in to be the caregiver for a parent. I'd be helping my father and people would ask me, 'What is your wife doing?' But, I'd say to them, 'This is my father.'"

— *Francis Battisti, on his caregiving role.*

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## Men as Caregivers

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my wife died, I finally got to the doctor and found I had a number of things that needed to be taken care of. That's not very uncommon for caregivers to do, as I found out. Sometimes the caregiver dies before the spouse does."

To share what he has learned with others, Gwinn leads a men-only caregivers support group offered through the Great Lakes Chapter of the Michigan Alzheimer's Association. As a volunteer group leader, Gwinn says, "We talk about things. We share ideas. Sometimes we talk about how to get things done that our wives always did for us, like the cooking, laundry and housekeeping."

While many men do take on much of the "work" of a caregiver, it's less likely that male caregivers take on the personal care tasks of helping a loved one, such as bathing, dressing, feeding or toileting assistance.

"Women seem more capable for stepping into the caregiver role when it comes to personal care," says Paul Forringer of Ann Arbor, Michigan. Like Gwinn, Forringer provided care for his wife, Jan, who had Alzheimer's. "Maybe it's cultural, but I just don't see men as being as well prepared for taking responsibility for personal care. What I have seen is that when men decide to come to the group, they are often searching for respite care and they seek it far sooner than women do."

Shawn Herz, director of program development for the Los Angeles Caregiver Resource Center, finds that men tend to focus on "solutions" to their caregiving, rather than focusing on opportunities to share feelings. She says, "Men tend to ask: What can I do? How can I fix this?"

"We find that men are reluctant to join support groups, so we've been offering an all-male caregiver retreat where the participants and the speakers are men," says Herz. "They meet for two nights and three days. Our most recent program had 14 participants ranging in age from their mid-twenties up to the mid-eighties."

Here's another difference between men and women as caregivers. Men just plain don't like to ask for help, and this becomes acutely evident

when balancing their careers with caregiving. While 56% of employed women reveal their caregiving responsibilities to their supervisors, research found that only 44% of employed men were willing to do the same.

Does this mean that men are doing a better job at juggling caregiving with their careers? Not necessarily.

Employed men report—in equal numbers to women—that they come to work late, leave early, and decline promotions and relocation in order to fulfill caregiving responsibilities. Male and female employees both lose out on actual earnings and potential earning power, benefits, and retirement funds due to lost time at their job.

Given their reluctance to tell supervisors they are a caregiver, men are also more likely to lose out on maximizing workplace programs, such as employee assistance programs, eldercare referral services, paid leave time, flex time, and health benefits. In the MetLife study, only one-third of respondents, male or female, knew about their company's eldercare programs, despite the fact that the programs were comprehensive and available to all employees.

"Men just tend to do things on their own," says Francis Battisti, professor of psychology and human services at Broome Community College in New York. "It's not that women are better caregivers than men or men can do it better than women. It's just that we each go about it our own way. Instead of expecting that we all do the same things, maybe we should be asking: What do I do best? Who else can help me?"

Battisti learned firsthand about being a caregiver when his father, Francesco, was coping with cancer, which eventually resulted in his death in 1999. "The stereotype is that it is the daughter or daughter-in-law who steps in to be the caregiver for a parent," he said. "I'd be helping my father and people would ask me, 'What is your wife doing?' But, I'd say to them, 'This is my father'."

"It took me a long time to realize what my father wanted and needed most was to have my presence. So I started getting more people to come help in the home, to do the tasks that needed to be done, and that gave me time to give him the thing that only I could offer—my

*continues on page 7*

# Rheumatoid Arthritis



## Aging Gracefully with a Chronic and Crippling Disease

For the better part of three decades, Sherrie Kossoudji has struggled each day to manage the inflammation, chronic pain, tight joints and other types of physical strife caused by rheumatoid arthritis.

“Rheumatoid arthritis affects my life in as many ways as you could possibly imagine, and pretty much at all times,” says Kossoudji. “It is a disease that can be manipulated with medicine, but it doesn’t ever really go away.”

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**“Arthritis should not be considered just a part of the aging process or a normal part of getting older,”**

says Dr. David A. Fox, University of Michigan Health System.

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Now 53, Kossoudji is dealing with a new aspect of her chronic disease: sorting out what is a normal part of aging, and what is an effect of rheumatoid arthritis, or RA. If she has a sore leg, a pain in her elbow or a kink in her wrist, is it because of RA or is there another cause?

“I have fingers that don’t work well, joints that don’t work well. I have a wrist that doesn’t flex and neuropathies in my legs,” she says. “I think it’s difficult when someone has a long-term disease to separate what happens as the body ages from what happens when you have a disease for a very long time.”

RA is debilitating for some aging patients, so it is especially important for those with RA to see a rheumatologist to determine the best course of treatment

and to gain the best possible understanding of what is happening in one’s body, says Dr. David A. Fox, division chief and professor of rheumatology at the University of Michigan Health System. Fox is Kossoudji’s rheumatologist.

Whatever the age of the patient’s RA onset—whether it is at a young age, like Kossoudji at the time of her diagnosis, or later in life—Fox emphasizes that RA is not a normal part of aging. It is a specific condition with symptoms that can’t be cured, but can be managed.

“Arthritis should not be considered just a part of the aging process or a normal part of getting older,” Fox says. “There are some elderly people who don’t have arthritis,

and many people who develop arthritis when they are younger.”

Many patients are helped by some of the available treatments, including pain relievers and anti-inflammatory medications known as nonsteroidal anti-inflammatory drugs (NSAIDs) and disease-modifying antirheumatic drugs, such as methotrexate and tumor necrosis factor (TNF) blockers. Exercise, weight loss and diet changes also can be helpful, Fox says.

RA is one of more than 100 varieties of arthritis, a wide-ranging set of conditions that affects 70 million people in the United States, many of them elderly. RA involves a malfunctioning of the immune system that causes inflammation in the lining of the joints. With time, the cartilage and bone are attacked and invaded,

Fox says, to the point that the structure of the joint can be destroyed. This can lead to deformities and disabilities.

“Patients may develop inflammation in their lungs or peripheral nerves, inflammation in the salivary glands or tear glands that prevent them from functioning normally, and they may become what we call ‘systemically ill’—that is, the disease can affect the patient’s body as a whole,” he says.

One very important thing that Fox tells patients with RA is that they do not have to stop living their lives. Kossoudji, for one, has followed the advice. “My job is to make sure that rheumatoid arthritis diminishes my life as little as possible,” she says. “My goal is not to overcome the disease, but to do my best at managing the disease.”

Fox notes these seven key facts about rheumatoid arthritis:

**1. What it is:** Rheumatoid arthritis is a disease that causes pain, stiffness, swelling and loss of motion in the joints. It occurs most commonly in the fingers, wrists, elbows, shoulders, jaw, hips, knees and toes. RA often appears first in early adulthood or middle age, but sometimes does not occur until the later years. (Osteoarthritis is another common type of arthritis; it causes a breakdown of the cartilage in the joints.)

**2. Symptoms:** Symptoms include joint pain and stiffness, particularly in the morning; red, warm or swollen joints; deformity of the joints; mild fever; fatigue; loss of appetite; anemia; and small lumps

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# Exploring Medicare MSA's

## Is a Medicare Medical Savings Account Right for Your Loved One?

By Laura L. Casey

**M**edicare Medical Savings accounts are one of the newest Medicare options available to our elderly as a part of the Medicare Advantage Plan. Learning the basics of these MSA's can help you make an informed choice on behalf of your loved one in deciding whether this is the right option for them.

There are two parts to an MSA—the health plan itself and the Medical Savings Account, sort of a medical emergency bank. The health plan is administered by private insurance companies authorized by the federal government and covers the member's healthcare costs in accord with Medicare benefit guidelines. Benefits kick in once the high annual deductible associated with the plan has been met.

### MSA Basics

To benefit from an MSA, your loved one must first be enrolled in a Medicare Advantage Plan that offers the MSA option. Medicare Advantage generally provides all of your Medicare-covered health care, which can include prescription drug coverage at an additional cost.

In many cases, these plans offer extra benefits and lower co-payments than traditional Medicare. Medicare Advantage plans, however, may require you to see doctors who belong to the plan or go to certain hospitals to get services. In other words, a Medicare Advantage plan may have network limitations, and if the covered member receives services from a doctor or hospital outside of the network, the member may in fact incur greater cost.

To join a Medicare Advantage Plan, your loved one must have both Medicare Part A and Part B, and must pay the Part B premium to Medicare. There may also be a separate premium for the Medicare Advantage plan. If your loved one joins a Medicare Advantage Plan, their Medigap



policy no longer applies, leaving your loved one responsible for any deductibles, co-payments, or other cost-sharing relating to Medicare Advantage Plan.

To partake in the Medical Savings Account, the covered member first opens an account with a bank that has been selected by the plan. Medicare funds the plan for your care, and the plan in turn deposits money into the member's account. The funds in the account, plus any interest earned, may be used on a tax exempt basis for qualified medical expenses as defined by IRS Publication 502 available at [www.irs.gov](http://www.irs.gov). Funds left in the account at the end of the year remain in the account; they do not expire.

Your loved one cannot join a Medicare MSA if they have other health coverage that would cover the deductible, if they receive Department of Defense (TRICARE) or Veterans Administration benefits, or if they are a retired federal

employee, a Medicaid recipient, have end-stage renal disease, receive hospice care, or live outside the United States more than 183 days per year.

### The MSA Math

Let's look at the dollars and cents of a sample plan scenario.

Hypothetical "Plan X" offers a yearly deductible for \$4,000. The plan will deposit \$1,500 into the member's medical savings account. The member should deposit \$2,500 to ensure the account is fully funded in the event a health crisis occurs and the member needs to pay his or her \$4,000 deductible. The member would net a \$375 tax savings, assuming the participant were in a 15% tax bracket.

Because this "Plan X" has no cost-sharing requirement for its members and the annual out of pocket maximum is the same as the deductible (\$4,000), your loved one's annual financial risk in this example would be a net cost of \$2,125 for Medicare covered benefits. In any event, your loved one must continue to pay their Part B premium and any premiums associated with Part D prescription coverage.

A very important point to understand is that not all qualified medical expenses, as defined by IRS Publication 502, are Medicare benefits. In other words, going to the dentist and getting a crown is a qualified medical expense and your loved one is permitted to pay \$500 for his crown out of his MSA and reap the tax savings. If, however, during the same year your

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## MEDICARE MSA QUESTIONS TO ASK

*In checking out the suitability of Medicare MSA plans for your loved one, ask these questions at a minimum:*

- How much will be deposited in the plan member's account each year?
- What is the plan's deductible?
- What is the plan's annual out-of-pocket maximum?
- What is the plan member's financial responsibility for services after the deductible is met?
- Is there a co-insurance responsibility with the services offered through this plan?
- Is there coverage for any preventative or wellness services?
- Is the patient limited by doctors or hospitals that are in the network?
- What happens if the patient decides to see a doctor not in the network? What does that cost?
- What happens if in an emergency the patient is taken to a hospital not in the network?
- What, if any, are the costs associated with setting up the account with the bank?
- Will the account earn interest?
- How are funds withdrawn from the account?

loved one receives medical care that meets or exceeds the deductible, the person would be required to pay the deductible or, as in this example, \$4,000. If the dentist got paid \$500 for the crown and the MSA has a balance of \$3,500, your loved one would need to make up the difference between the MSA balance (\$3,500) and the deductible relating to Medicare covered benefits due (\$4,000).

Funds used for anything other than a qualified medical expense as defined by the IRS are taxable and subject to penalty. Current IRS documentation describes a Medicare Advantage MSA as an "Archer MSA designated by Medicare to be used solely to pay the qualified medical expenses of the account holder who is eligible for Medicare." The IRS acknowledges in Publication 969 for 2006 that MSA's are on the horizon for 2007, but it doesn't offer much more detail. Be sure read the 2007 publication when it is released.

### Points to Consider

There is no question that some of this is complicated and requires your thought and understanding as well as that of your loved one. And as you may begin to understand, the key concept of an MSA is to allow the plan participant to have more control over initial healthcare costs and spending.

Additionally, the model shifts some of the financial risk to the patient, and as a caregiver or advocate you must be certain to think about the likelihood that enough services will be used that are Medicare Benefits that meet or exceed the plan's deductible. Be certain your loved one plans or saves accordingly. Neglecting to add the patient's share of the deductible to the account leaves your family member at risk for a financial crisis in addition to the stress relating to their health condition.

And, finally, one of the most important components for anyone attempting to budget health related costs is to read the plan's Certificate of Coverage. For Medicare recipients, this document is titled "Your Medicare Coverage." In reading the document, note what's not covered and then budget accordingly. Too many consumers make insurance choices without first learning what the plan does and does not cover. ■

## Rheumatoid Arthritis

*Continued from page 3*

or nodules under the skin. Symptoms can be present nearly every day, or they can come and go.

**3. Diagnosis:** Your healthcare provider will review your medical history and examine you. He or she may order blood tests and x-rays to confirm the diagnosis and measure the extent of the disease.

**4. Prevention:** The best ways to try to prevent arthritis, Fox says, are maintaining a good body weight and not smoking. To try to prevent osteoarthritis, he also advises using common sense when engaging in strenuous physical activity to protect your joints.

**5. Who is at risk:** RA can affect people of different ages, races and sexes; it is three times more common in women than men. Genetics can affect a person's chance of developing RA, but if one of your parents had the condition, it does not necessarily mean that you will. Being overweight is a major risk factor for osteoarthritis, and recent studies have shown that smokers may have twice the chance of developing RA as non-smokers.

**6. Treatment:** RA is a life-long condition; it can be managed but not cured. The goal of treatment is to keep the joints working properly by reducing inflammation, relieving the pain and stiffness, and stopping or slowing down joint damage. Many drugs are used for the long-term relief of rheumatoid arthritis. One type is nonsteroidal anti-inflammatory drugs (NSAIDs) that treat pain and inflammation (aspirin, ibuprofen and naproxen are NSAIDs that are available without a prescription, and others are available by prescription only). When NSAIDs do not work, disease-modifying antirheumatic drugs (DMARDs) may be used, with careful supervision by a rheumatologist. Methotrexate and tumor necrosis factor (TNF) blockers are examples of DMARD that have been found to be helpful for many RA patients. Injections, physical therapy and surgery are other potential treatments.

**7. Possible treatment in the future:** Ongoing research offers significant hope that in the future, cures will be available for RA, Fox says. ■

### RESOURCES:

**For more information, visit these websites:**

- National Institute of Arthritis and Musculoskeletal and Skin Diseases: [www.niams.nih.gov](http://www.niams.nih.gov)
- Arthritis Foundation: [www.arthritis.org](http://www.arthritis.org)
- American College of Rheumatology: [www.rheumatology.org](http://www.rheumatology.org)

# Nutritional Supplements

## Right or Wrong: They're Natural So They Must

Be Safe? **By Kelly D. Morris**

**Y**ou might remember the television drama *Providence* in which Joanie, who cared for her elderly father, once gave him an herb called ginkgo biloba in order to improve his mental functioning. When he was diagnosed with ulcers, Joanie's older sister Sidney, a doctor, found out Joanie had been giving their dad the nutritional supplement and



angrily explained to Joanie that ginkgo biloba increases the risk of developing ulcers.

Joanie had just assumed it was safe to use, since it was a natural herb available at the drug store without a prescription. And that's a potentially very real-life problem: we can't assume that because something is on a store shelf in an impressive wrapper inscribed with hopeful promises that it's the right product for our loved one.

Many such nutritional supplements are perfectly harmless, and many are indeed beneficial to our health. Some, though, can be harmful, especially if a loved one has certain medical conditions or is on certain medications. Even if they

are all-natural products, they can have side effects. If your loved one has any medical problems or is on medication, it is always a good idea to talk with their doctor or pharmacist before giving them any sort of nutritional supplement.

### The Ginkgo Story

Take ginkgo biloba, for instance. It increases the risk of bleeding and should not be used by anyone with a clotting disorder or anyone on a blood-thinning medication. It can cause digestive problems like nausea, vomiting, and diarrhea, and it increases the risk of ulcers and can also cause headaches.

On a positive note, it has been shown to increase blood flow to the brain and to improve memory and mental functioning. It may also decrease cholesterol, treat skin disorders, and help treat infertility in males, although these claims have not been clinically proven yet. So, it might be a useful supplement for your loved one—but talk with their doctor first.

Echinacea is another commonly-used herb. It is often taken to treat colds, flu, and other such ailments. Some studies have found that, when combined with vitamin C and zinc lozenges, it is effective in treating colds. However, it can be dangerous for people with certain health conditions.

For example, your loved one should not take echinacea if they have any type of auto-immune disease such as multiple sclerosis or rheumatoid arthritis. People with diabetes or AIDS should not take echinacea. People with a tendency for allergies from other medications, herbs, and/or foods should use echinacea with care.

### Natural Depression Treatment?

St. John's Wort is another popular herbal remedy. It is used most often to "naturally" treat depression. Some studies in

Europe have shown it to be about as effective as anti-depressant drugs in treating mild depression and less likely to cause side effects.

If used in conjunction with anti-depressant drugs, however, St. John's Wort can cause serious problems. It's like taking a meds overdose. It also causes something called photosensitivity, which means you are more likely to get sunburn if you spend time outdoors in the sun. Other side effects may include anxiety, dizziness, fatigue, upset stomach, and sexual dysfunction.

Many herbs and other nutritional supplements have not been thoroughly researched, so no one knows for sure how they might interact with other medications or affect various health conditions. Alan DeCherney of Loma Linda University School of Medicine in California states, "The growing popularity of these herbal products means we must examine all their possible side effects." Because there have been so few clinical studies done to-date, it is especial-



**Many such nutritional supplements are perfectly harmless, and many are indeed beneficial to our health. Some, though, can be harmful, especially if a loved one has certain medical conditions or is on certain medications.**

ly important to use nutritional supplements with care.

If your loved one has a negative reaction to a nutritional supplement, or if you suspect it is causing any problems whatsoever, your loved one should stop taking it immediately. Contact their doctor as soon as possible, or if the reaction is severe, go to the local emergency room. Don't wait for a symptom to "pass."

#### Using Supplements Safely

To use nutritional supplements safely, make sure you tell your loved one's doctors and pharmacist about any herbs, vitamins, or other supplements they are taking. "Doctors should ask (you) about it," says Mike Andrews of Mansfield, Ohio, who cares for his ill wife. "They ask if my partner is taking any medication, but they never ask if she is taking any herbs or supplements or anything like that." Even if the doctor doesn't ask, make sure you speak up.

Many doctors are not familiar with herbs and other nutritional supplements. If it is important to you or your loved one to use treatments like these, make it a point to find a doctor who is knowledgeable about them. Don't be afraid to ask doctors what their stance is on natural supplements; some don't believe they are ever safe or useful, while others believe that when used properly they can be beneficial.

Pharmacists may not be very well informed about nutritional supplements, either. Ask how familiar they are with a particular supplement when asking their advice about whether it is safe for your loved one to use.

In some but hardly all cases, employees at health food stores can be helpful when selecting natural supplements. Since nutritional supplements are not regulated by the Food and Drug

Administration, it can be difficult to know the quality of what you're buying. If you buy your supplements at a health food store, employees may be able to identify products from the most reliable makers. Remember, though, that they probably don't have a medical background, so save questions about interactions with medications or health problems for a doctor or pharmacist.

You can do your own research, as well. The internet can be a valuable resource, but you need to find reliable information. Avoid websites that are trying to sell you a product. You can also do research at your local library or find books at most health food stores. These



are good for background, but they're not a substitute for a doctor.

By the way, it's not necessary to buy nutritional supplements at a health food store. Many will be carried at your local grocery store or pharmacy, and will probably cost less there. You can still use the health food store as a source of information, though. ■

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#### Men as Caregivers

*Continued from page 3*

presence as his son. And by being there, he could give something to me—and in that process, the caregiving process came full circle."

"I think our society sees women as caregivers," says Herz. "If a woman is a caregiver, it's expected. But if a man is a caregiver, then it's considered extraordinary. There needs to be a broader recognition of how many men are caregivers as well as setting up services that are suited to what they need."

Battisti's experience mirrors the thoughts of Herz: "I helped raise three sons, but no one thought that was extraordinary. Why would people think that I'd care any less about my father? What I want men to know is that we are more than 'do-ers'. We have something to offer. And if your blood pressure goes up and you have times of anger, well then that's OK. It's all part of the process." ■

#### COMING UP IN JULY

- Life and the single caregiver. It sounds like a movie title, but for many unmarried caregivers it's a way of life. Exploring options to maintain an independent single life while absorbed with caregiving's challenges.
- Adult day care can be a godsend for caregivers—or a nightmare for their loved ones. We'll give tips on choosing what's best.
- Whether it's about driving, living alone, or managing meds and finances, difficult conversations with Mom and Dad need thoughtful strategies. Tips and techniques on how to negotiate sensitive issues effectively.
- Have you ever been blinded by the blizzard of entries on medical bills, especially hospital bills? A look at ways to sort through the alphabet soup of medical billing to insure you're paying only for services rendered and not more.

# Summer Advice: Stay Hydrated to Avoid Painful Kidney Stones



**W**e've all heard it is important to drink a lot of water, especially in the summer, to replenish the fluids lost due to heat and outdoor activities. If you haven't followed that advice in the past, here's a reason to pay attention this summer: Staying hydrated can help you and your loved ones prevent what many people describe as the worst pain of their lives.

That pain is caused by kidney stones, which are becoming common in general and also are more common during summer months. Not drinking enough fluids can lead to kidney stones, and the common types of summer exercise tend to shake loose the stones, causing severe pain.

"One of the best ways to prevent kidney stones is to stay hydrated throughout the entire 24-hour period. I recommend my patients have at least six to eight glasses of water a day, and I ask them to make sure that they spread that throughout the entire day and up until night time. This is important year-round, but especially in the summer months," says Dr. Gary Faerber, associate professor of urology at the University of Michigan.

For Sharon Bidwell, who first realized she had kidney stones six years ago, the pain was second only to labor pains. She was treated with antibiotics and pain medication, and ultimately had

lithotripsy performed. This is a common procedure that uses sound waves to break up the stones in the kidney.

Not wanting to ever go through that again, Bidwell, 58, changed her diet, especially her intake of fluids. "I have cut back extremely on cola. I would drink five or six cans a day. I'm down to one can of soda a day, and I have tried to increase the amount of water that I intake," she says.

The kinds of dietary changes Bidwell made are key in reducing one's risk of kidney stones, especially among people who previously have had the stones.

Three-quarters of Americans who develop kidney stones have the variety

that contains calcium. Other types of stones contain uric acid, and are related to urinary tract infections or are cystine stones caused by a genetic abnormality. Overall, 13% of men and 7% of all women end up with kidney stones during their lifetime.

Typically, stones are passed spontaneously. For the 15% or so that require treatment, options include pain medications; calcium-channel blocking meds; lithotripsy; laser treatments, and sometimes surgery. ■

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