

Caregiver's

HOME COMPANION

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H E L P I N G T H O S E W H O H E L P O T H E R S



Dealing with Denial

When a Champ Refuses to Admit He's Down for the Count

By Paula S. McCarron

Lonnie Ali says she never knew what she would be in for when she married Muhammad Ali in 1986, even though she was aware of his diagnosis of Parkinson's disease.

But more than 20 years later, she sums it up this way: "I don't think I was ever in denial per se. I just thought: What comes, comes. And when it does, I'll deal with it."

With Ali's recognition as the most well-known athlete on the globe during his day, Lonnie Ali was busy then, just as she remains today—but today she's the spousal caregiver for "The Greatest." What she lacked in terms of knowledge about caregiving or even grasping the riddle of Parkinson's disease then, she speaks volumes about today.

And what Lonnie will say she did not anticipate was the extent to which her famous husband was in denial about his illness. To illustrate her point, she says, "He'd actually ask me: Do you think people know I have Parkinson's? And I'd say: Yes, I do. After all, it's all over the news and ►

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"I'd find pills all over the house, even hidden in flower pots. I felt I was failing. After all, you can't treat or assist someone who won't admit there is an issue. I was afraid the disease would overcome him."

Lonnie Ali, on her husband's refusal to deal with his Parkinson's disease.

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in the papers and all the magazines. He knew he had Parkinson's but he did not want to let it affect his life."

Ali's response was like that of many who experience a serious change in health or realize their physical or cognitive impairment has become more pronounced. A serious diagnosis or change in functional ability creates fear that not only will alter their own lives, but their relationships and the way in which they are perceived by a spouse, family members, friends, or co-workers. And for Ali, it all may have been magnified by his worldwide notoriety and great physical skill that gained him so much attention, including his receiving the highest civil award possible in the United States, the Presidential Medal of Freedom in 2005.

While Ali maintained a strong denial of his condition, Lonnie says she was becoming increasingly all too aware of the progressive nature of Parkinson's disease. While the cause of Parkinson's is not fully known, the troubling and debilitating symptoms of the disease include tremors in the limbs, a stiffness or rigidity in movement, poor balance, and slowness of movement. As the disease progresses, the ability to walk, talk, and swallow become increasingly problematic. Although the disease is not curable, symptoms can be managed with treatment and medication.

Ali's body showed signs that symptoms were progressing, but still he maintained a staunch denial. He would admit to having problems with twitching, speech and gait but refused to take medications. "I'd find pills all over the house, even hidden in flower pots," recalls Lonnie. "I felt I was failing. After all, you can't treat or assist someone who won't admit there is an issue. I was afraid the disease would overcome him."

Eventually Ali's denial crumbled as his symptoms grew more severe. With wry wisdom, Lonnie says her husband's use of denial as a way to cope with his diagnosis should have come as

no surprise. "After all, he didn't get to be who he is by listening to what other people said."

For caregivers, whose loved ones are refusing to cooperate or accept treatment, Lonnie Ali suggests asking this question: Why wouldn't you want to get the best care possible to have the highest quality of life and an active lifestyle?

Asking that one question may lead to surprising answers. In her situation, Lonnie learned that a large part of her husband's resistance to taking medications was due to the fact that the drugs acted harshly on his system and that pills were hard to swallow. "So that forced me to look outside the normal realm of solutions until we found something better," says Lonnie.

Ali also disliked the idea of using his home gym but was receptive to going to physical therapy because he would ride the stationary bike and race with others while at the same time challenging himself.

But there's another side to the denial coin: it's not only care recipients who struggle with denial; caregivers can also resist coming to terms with the decline of an aging parent or illness of a loved one.

Caregiver denial can present itself in a variety of ways. One can refuse to acknowledge the physical and cognitive changes taking place in a loved one; show anger at a loved one for not trying "hard enough;" continually "doctor shop" in hopes of finding a cure; or even refuse to accept caregiving responsibility or seek or accept help.

Victor Molinari, a professor with the University of South Florida's Department of Aging and Mental Health, offers this example: "A domineering person with dementia may still want to be in control of the finances or drive the car, but a dependent spouse may have a difficult time setting boundaries and assuming these new responsibilities.

What can be done in a situation like this? Molinari suggests it is sometimes helpful if an authority figure, like a family physician or a less involved but trusted family member, can be called upon to help intervene.

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Caregivers and the Workplace

How to Get the Support You Need

By **Melissa A. Goodwin**

With more than 25 million American workers also serving as family elder-caregivers, both employer and employee have a lot on the line in seeing that work and life issues somehow balance out. It's getting that message across effectively in day-to-day situations that is the trick.

A 2004 study by the National Alliance for Caregiving and AARP showed that more than 25 million Americans are caregivers who also work full time outside the home. The good news is that most employers (86% according to a 2001 study) recognize that addressing issues of work-life balance for family caregivers is critical to their ability to remain competitive. Losing trained, experienced employees is costly, and most employers understand that policies and programs that support caregivers are important to recruitment, retention, and productivity.

Still, many companies—large and small—are in the early stages of adopting programs that provide flexibility for working caregivers. Smaller companies with few employees may have fewer options for supporting those who need help. But larger company size is no guarantee of support. In some cases, a small employer may have more of a “family” environment in which people will go the extra mile to help out, while some larger companies may provide little, if any, support beyond what the law requires.

Finding yourself in the role of caregiver is overwhelming enough without the added worry about the impact it may have on your job. But taking a proactive approach to the situation can save you headaches and heartaches down the road. If you have to take more time off or change your work schedule, your employer and co-workers are affected too. Approaching them with an attitude that shows you understand this, and is geared toward solutions, can make a world of difference in determining how much support you receive.

Here is a checklist to maximize the chances of your employer and co-workers being sup-

portive, and to minimize the possibility of resentment, mismatched expectations, and disappointment.

Be Upfront About the Situation

Tell your boss and co-workers about your situation sooner rather than later, because keeping it a secret can just make things worse. Co-workers may notice that you seem distracted, or tired, or under more stress. They may notice changes in your schedule, such as taking more time off, arriving later or leaving earlier. Speculation by your boss and co-workers is far worse than having them know the reality of the situation. If you delay in telling them what is going on, damage to your reputation and relationships may already have taken root.

Attitude is Everything

Keep in mind that there is an impact to your employer and coworkers when your work schedule and habits change. Remember, too, that your employer is not obligated to provide solutions for you, other than those mandated under the Family Medical Leave Act (FMLA), which provides for unpaid time off to care for a family member. Not all companies or situations are covered by FMLA, so not all employers are required to have policies and programs that support caregiving situations.

Many employers and co-workers do want to help, but their ability to do so will vary. Your attitude should show that you recognize that you will do everything in your power to minimize the impact of your caregiving responsibilities on your job, and that you appreciate any support that your employer can provide.

Bring Solutions, Not Just Problems

You can increase the likelihood that your boss will be supportive when you come to this critical conversation with potential solutions. This shows that you are taking responsibility for the situation, rather than presenting it to your boss as a problem that he or she must solve for you.

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ALTERNATE WORK ARRANGEMENTS FOR CAREGIVERS

Here is a selection of alternative work arrangements a family caregiver can consider when talking with an employer about ways to cover their caregiving absences:

Compressed Workweek:

Continuing to work 40 hours, but with more flexibility than 5 8-hour days. Examples include: Working four 10-hour days, working three 12-hour days, working a combination of half and full days.

Flexible Work Schedule:

Continuing to work 40 hours, but with flexibility regarding the hours worked within a given day. For example, starting work at 7 a.m. instead of 8 a.m., and leaving at 4 p.m. instead of 5 p.m.

Reduced hours: Working fewer than 40 hours, but enough hours to maintain full-time benefits.

Part-time: Reducing the work schedule significantly below 40 hours. This may result in loss of some or all benefits.

Job Share: Part-time employment in which two or more people “share” a 40-hour a week.

Telecommuting: Working from home one or more days per week.

With Our Elderly in Mind

Caregiving Gadgets and Gizmos

By Kelly D. Morris

Editor's Note: With this feature, we inaugurate a periodic look at the development of products intended to help make life a little easier or better for the caregiver and their elderly loved one. You may email your comments about these items or suggestions for future coverage to editor@caregivershome.com.

Gadgets and gizmos, that's what they might be called. But for legions of caregivers and the elderly they love and care for, these may be the best things since the invention of shoelaces. That's for you to decide, based on your needs and circumstances, but keep every one of them in mind because they may help tomorrow, if not today.

Actually, the number of developments can be overwhelming. They come fast and furiously. Even so, there are some wonderful products available that many have never heard of. The following developments can make your loved one's life easier, help them be more independent, and even improve their self-esteem. They can also make your life easier and make less work for you.

Magnifier Makes Reading Pill Bottles Easier

Taking medication as prescribed is an essential part of maintaining good health—but what if you can't read the pill bottle labels? Many elderly have difficulty seeing well enough to read the fine print on prescription bottles, resulting in medication errors that can be serious. Many end up requiring assistance from caregivers to manage their medication.

Carson Optical now offers a simple, unique product that can give your loved one the ability to read medication bottles clearly and independently. This can be an

important safety feature if your loved one has poor vision.

The MagRx is a magnifier that clips onto the bottle and enlarges the print. It fits most standard prescription and over-



the-counter bottles. It can slide up and down and around the bottle to read all of the print. It is easy to move from one bottle to the next. You can leave it attached to the bottle to store it if you like.

As a caregiver, you are freed from the task of helping your loved one read prescription bottles and also have the peace of mind knowing that he or she can manage their medications on their own.

The MagRx costs \$9.99 and can be ordered online at www.carsonoptical.com

or you can call (800) 9-OPTICS. It's also available at many drug stores.

Automatic Meds Dispenser Assures Meds Are Taken Correctly

Taking medication on time is a vital part of staying healthy. Missing doses is a very common reason why elderly people become ill. Then, the elderly sometimes have the opposite problem — they forget they have already taken their medication, so they “double dose” and take it again. The MedReady Automatic Medication Dispenser provides a solution to these problems.

This Automatic Medication Dispenser holds up to 28 doses (four per day, for one week). The dispenser is lockable, preventing double dosing. Each “dose” can hold up to 11 pills. You set an alarm, and at the scheduled time, the unit will beep to remind your loved one to take their medication. You can select how long the reminder alarm will continue to sound. If your loved one is hard of hearing, you can purchase a unit that will flash as well as beep.

The MedReady PLUS comes with a phone modem that you plug into a phone jack. It monitors the time the unit dispenses the medication and posts it to a secure website so you can know when medications were taken. If medications are not taken from the dispenser by the end of the alarm time, the MedReady Call Center will telephone up to three emergency phone numbers. There is a monthly monitoring fee for this service.

You can rest assured that your loved one is getting their medication on time, and all you have to do is set up the automatic dispenser once a week.

To order you can visit the company's website at www.medreadyinc.com or call (310) 328-7557. If you order from the ▶



manufacturer, it will cost between \$175 and \$240, depending on the model you choose. You can find it at medical supply stores, as well, and you may find better prices at some stores.

Talking Blood Glucose Monitoring Meter for Managing Diabetes

Diabetes is a serious condition increasing at an alarming rate in the United States. If not managed properly, it can have severe consequences for your loved one. Part of managing diabetes requires monitoring blood glucose regularly. If your loved one has poor vision, this can be difficult. If your loved one needs to check their blood glucose level several times a day, they may need a lot of caregiving.

Enter the Prodigy Talking Autocode Blood Glucose Monitoring Meter. It “talks” your loved one through the process, telling them when to apply the



blood to the test strip. It has a large, readable display, but also announces the results aloud—in English or Spanish. Your loved one can manage their diabetes without your constant assistance.

The Prodigy meter costs about \$35. Visit the company online at www.prodigymeter.com or call (800) 366-5901 to find the closest retailer to you, or just ask at your local pharmacy. Test strips are sold separately.

Swivel Utensils for Easier Eating

A number of health conditions, including Parkinson’s disease and multiple sclerosis, make it very difficult to use the hands because of associated tremors. In others, tremors can be a side effect of medications. When tremors are severe, simple tasks like eating can become difficult and embarrassing. Food falls off a fork and soup slops out of a spoon. It takes forever to get a mouthful of food. Clothing is stained. In severe cases, a person may need to be fed.

Your loved one may avoid taking their meals with others. He or she may even avoid eating properly and lose weight because of the difficulty eating. As a caregiver, you may find meals take a long time and a lot of work on your part.

Now, there are easy-grip, swiveling utensils on the market, designed specially for people with hand tremors. They have thick, sturdy handles that are easily gripped, even someone with arthritis or weak hand strength. The swiveling motion of the utensil means that no matter what position the hand is in, the utensil will always remain level. They are dishwasher safe, too.

Your loved one will be able to eat independently and without embarrassment. Of course, this saves caregivers work, but the real benefit is to your loved one, who regains independence and dignity.

Each utensil—fork, knife, spoon—is sold separately and costs about \$25. They can be purchased online at www.independentforlife.com or by calling (866) 494-1948. ■

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.

Dealing with Denial

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In the Champ’s case, Lonnie Ali says family friends, doctors and advisors did attempt to help her husband come to terms with his illness. Although they were not fully successful in their attempts, their efforts were a help to Lonnie. “They were supportive of me trying to get Muhammad to participate in his care,” she recalls.

“To deny is to refuse to acknowledge, accept or believe. Many seniors—and their boomer children, too—feel that to acknowledge or accept aging is to give in to it. I say just the opposite, to not acknowledge aging is to give into it,” says Esther Koch, a gerontologist in San Mateo, California. “It takes courage to get beyond denial. One approach is to position it as self-preservation. The question becomes: If not now, when?”

And from the American Heart Association website (www.aha.org) comes this advice: As a caregiver, you have to be realistic about what can and can’t be controlled. You can’t control the fact that your loved one has a chronic or progressive disease or the impact of that disease. But you can control how you respond to the situation. Remember that you and your loved one are two individuals, on two separate journeys. You may walk with them and support them, but you cannot live their journey for them.

When asked how she managed to get through this difficult time of their marriage, Lonnie answers without hesitation, “Patience and faith. If anything teaches you patience, then caregiving does. You have to keep trying to find new ways so the person with the illness takes a participatory role in their own care, and that involves identifying what obstacles are keeping that from happening.”

It all adds up to this, as Lonnie Ali succinctly says: “The sooner you can get the person with the illness to participate in his or her own care, the better off you both are. The stress on the caregiver is reduced and the quality of life for the care recipient is improved.” ■

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

7 Common Myths

Just the Facts About Osteoporosis

There's no disputing it: we're not the same person we were 10 years ago. Not just in our career, style and personal life, but in our bone structure.

Yes, our bones are constantly at work clearing out old bone cells and making new ones in their place, resulting in an entirely new skeleton every 10 years.

Unfortunately, as we age, bones break down faster than they are replaced, which can cause them to become thin and fragile. For millions of Americans, a disease called osteoporosis leads to a progressive loss of bone mass over time, putting them at an increased risk for bone fractures and other complications.

"Osteoporosis can result in disability, loss of independence, even death," says Dr. Lisselle Douyon, an endocrinologist at the University of Michigan Health System.

The disease is considered a major public health threat for an estimated 44 million Americans, and roughly 10 million of us already have the disease. While osteoporosis is quite common, Douyon says it is still a condition that is widely misunderstood.

To help people understand who is at risk for the disease, as well as ways to prevent and treat it, Douyon clears up some common myths about osteoporosis with these facts:

MYTH: Only women get osteoporosis.

FACT: "Although there are many more women who may develop this condition, there's also a very significant portion of men who have this disease," Douyon says. In fact, about 2 million men suffer from osteoporosis, accounting for 20% of those diagnosed with the disease.

MYTH: Osteoporosis is a normal part of aging.

FACT: "It is a fact that you lose bone density with aging," agrees Douyon. "But you should continue to have good bone strength, and you should not develop osteoporosis."

MYTH: Osteoporosis is only a concern for the elderly.

FACT: It is never too early to begin thinking about strong bones. "Good bone health is something that starts early in life," says Douyon. Your bones begin building density from infancy through young adulthood. Most people have reached maximum bone density by age 35. "If maximum bone density is not achieved during that time, you will be at risk for developing osteoporosis," Douyon cautions.

MYTH: Osteoporosis is strictly hereditary.

FACT: While women with a family history of osteoporosis are at an increased risk of developing the disease, "not having a

family history does not mean that you are immune to having this condition," says Douyon. Everyone is susceptible.

However, there are several factors that can make an individual more likely to develop osteoporosis. "Certain kidney diseases, vitamin D deficiency, some hormonal diseases such as some thyroid disorders, Cushing's syndrome, individuals who are treated with steroids for certain medical conditions, and certain types of cancer can contribute to osteoporosis," she says.

MYTH: Broken bones are the only way to tell if you have osteoporosis.

FACT: Because osteoporosis has no symptoms, most people are not aware that they have it until something happens, like a bone fracture. However, this is not the only indicator of the disease. "Even people who don't have broken bones may develop osteoporosis. Many people may not even know they had a broken bone, and they may develop a change in their posture or a loss in height," Douyon explains.

To help determine whether bone loss has begun, it is important to get a bone density test every few years, especially for women who have entered menopause. The most common method of measuring bone density is a DEXA scan, which is a painless X-ray of your hip and spine.

MYTH: Osteoporosis cannot be prevented.

FACT: Building strong bones during childhood and adolescence is the best defense against developing osteoporosis later in life. Adults also can take steps to lower their risk of developing the disease. "In order to prevent osteoporosis, it's very important that one has adequate nutrition, good calcium intake, exercise, and adequate vitamin D supplementation," says Douyon.

Weight-bearing exercises such as walking, jogging, lifting weights and dancing are the best for building strong bones. People who already have osteoporosis should avoid these exercises, as they increase the risk of breaking a bone. Calcium intake is very important, too. Douyon recommends calcium supplementation throughout the entire lifespan, especially for women. Avoiding smoking and excessive alcohol intake also will lower your chances of developing osteoporosis – these are not myths.

MYTH: Only osteoporosis medications can prevent future bone loss.

FACT: The FDA has approved certain medications to prevent and/or treat the disease. "Medications alone, however, do not help to build bone," Douyon cautions. "It's only one of the things that can be done in order to rebuild or ►

prevent future bone loss." Most of the drugs inhibit the cells that break down bone, and one actually stimulates the growth of new bone. Unfortunately, these drugs haven't been available for very long, so their long-term effects are not known, and people should not rely on them alone.

"People who are on medications for osteoporosis still have to take calcium and vitamin D," says Douyon. In addition, "For some women, over-the-counter calcium isn't enough. They need more than that, and this is something they really need to discuss with their doctor."

For more information, visit the National Osteoporosis Foundation online at www.nof.org. ■

COMING UP IN SEPTEMBER

- Mom and Dad are really starting to slow down. Can they continue on their own? Do they need more help? A look at the assessment standards of daily living used by geriatric professionals and informally adaptable by family caregivers.
- Pets have been praised as great companions for the elderly, staving off loneliness and giving them purpose. We'll tell you the six best pets for the elderly with limited mobility.
- As our loved ones slip into frailty or chronic medical conditions, their lifestyle needs change—a hospital bed, wheelchair, walkers, etc., enter the picture – and home. Consumer tips on what to look for when buying these goods.
- Seasons are about to change, and our loved ones soon will be spending more time inside than outside. How to prepare their living quarters for a safe and cozy fall and winter.

Caregivers and the Workplace

Continued from page 3

When you come prepared with ways to make things work, you make it easier for your boss and co-workers to want to help you.

One step you can take is to research alternative work schedule arrangements that you think could work in your situation. Some of the more common ones are: flexible schedules, compressed workweek, job share, part-time, or telecommuting.

Line Up Caregiving Services

It's also important to take steps to minimize the impact of the caregiving situation on your job. Line up services for your loved one, such as in-home care, transportation, cleaning, and shopping. Have clear back-up plans and people you can call to help out in an emergency. Let your boss and co-workers know that you are making every effort to manage the situation outside of the workplace.

Find Out about Your Company's Policies

You may be comfortable talking with your boss, but the people in the human resources department are the real experts on a company's policies. They can tell you what programs are in place to support you, and they can give you a good indication of how much flexibility you can reasonably expect. They can also tell you if you are covered under FMLA. If your company does not already have programs in place, propose working with human resources to become a test case for implementing formal programs for the future.

If you are concerned that your boss will not be supportive, it makes sense to gather information about company policy from human resources before your first meeting. Be sure, though, to give your boss every chance to be supportive on his or her own.

Show Appreciation

It's important to show your appreciation regularly to those who are affected by any changes in your work routine. It doesn't have to be anything big—a handwritten, personal thank you note to people who step in to help you out will be greatly appreciated by them. You can bring in snacks, occasionally treat the

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CAREGIVING'S IMPACT AT WORK

A survey of 935 caregivers in 2004 by the National Alliance for Caregiving and AARP found the following:

- 57% reported having to go to work late, leave early or take time off for caregiving
- 17% had to take a leave of absence
- 10% switched from full-time to part-time work schedules
- 5% lost some job benefits
- 4% had to turn down a promotion
- 6% had to quit work
- 3% opted for early retirement

group or an individual to lunch, or reciprocal help for someone else when you are able.

Improve Your Time Management and Planning

You can help yourself a great deal by increasing your commitment to planning and time management. For example, find out from your boss what important meetings and dates are coming up so you won't schedule appointments for your loved one on those days. Check with co-workers regarding their planned time off to avoid conflicts. Of course there may be emergency situations over which you have no control, but you can avoid a lot of unnecessary conflicts and stress by planning ahead as much as possible. ■

RESOURCES

For more information on this topic, check out these resources:

"Caregiving in the U.S.," Report by National Alliance for Caregiving and AARP, funded by MetLife Foundation, April 2004

"Balancing Family and Work Life: Dependent Care Responsibilities and Implications in the Workplace," Report by Charlotte-Mecklenburg Workforce Development Board, 2001

The Employment Policy Foundation (www.epf.org) is a research and education foundation whose purpose is to provide policymakers and the public with economic analysis and commentary on U.S. employment policies affecting the competitive goals of American industry and its employees.

The Department of Labor website at www.dol.gov provides information about the Family Medical Leave Act.

Seeking Immediate Medical Care Six Symptoms Not to Ignore



When is the right time to seek immediate medical attention for you or a loved one? That's the question we often ask ourselves, hoping not to be an alarmist, but not wanting to wait too long.

In short, chest pains, abdominal pain and unexplained bleeding are good reasons to seek immediate medical care. Other reasons to seek immediate medical care are less well known. The Mayo Clinic Health Letter recently noted six symptoms not to ignore:

1. Unexplained weight loss
Experiencing a 5% weight loss in

a month or a 10% weight loss within six to 12 months could signal a number of different conditions such as an overactive thyroid, depression, liver disease, cancer or other non-cancerous disorders that interfere with how well our bodies absorb nutrients.

2. Persistent fever
A persistent low-grade fever—over 100.4 degrees Fahrenheit—should be checked if it lasts for a week or more. Fever can signal underlying infections. Some underlying cancers and other medical conditions can cause prolonged, persistent fever. A fever accompanied by violent chills or greater than 103 degrees F should be evaluated right away.

3. Shortness of breath
Gasping for air or wheezing are

medical emergencies. Causes vary widely and can include asthma, heart problems, anxiety, panic attacks, or a blood clot in the lungs.

4. Unexplained changes in bowel habits
Bowel habit changes may signal a bacterial infection, a viral infection, inflammatory bowel disease or colon cancer. Seek care for severe or bloody diarrhea lasting more than two days, mild diarrhea lasting a week, constipation lasting more than two weeks, unexplained urges to have a bowel movement, and black or tarry-colored stools.

5. New or more-severe headaches (especially in the elderly)
Medical attention is needed right away for sudden and severe

headaches or headaches accompanied by a fever, stiff neck, rash, mental confusion, seizure, vision changes, weakness, numbness, speaking difficulties, scalp tenderness or pain with chewing. These could indicate stroke, blood vessel inflammation, meningitis, brain tumor, aneurysm, or bleeding on the brain after head trauma.

6. Short-term loss of vision, speaking, movement or control
Minutes count because these are symptoms of a possible stroke or transient ischemic attack (TIA). Seek immediate emergency care for sudden weakness or numbness of the face, arm, or leg; sudden dimness; blurring or loss of vision; loss of speech, or trouble talking or understanding speech; or sudden dizziness, unsteadiness or a fall. ■

Give the Lasting Gift of Care

how you care to those around you who can benefit from the same information, tips, advice and how-to features you receive every month in *Caregiver's Home Companion*.

Give a gift subscription to the newsletter so the help and benefit you receive can be shared by others you care about.

Give the gift of help—a gift subscription to a family member, friend or co-worker.

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.*

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