

Caregiver's

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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 Kids Become Caregivers

Growing Army of Youth Cares for Their Elderly

By Melissa A. Goodwin

Our hope is that our kids will have happy and carefree childhoods. Sure, we expect them to worry about things like getting good grades, trying out for the soccer team, finding a prom date, or getting into a good college.

But we don't typically expect them to have to worry about helping an adult family member bathe, get dressed, use the toilet, eat, or take medications. Yet this is exactly the situation faced every day by some 1.4 million American kids between the ages of 8 and 18.

Shining Light on Hidden Issue

A 2005 study by the National Alliance for Caregiving, in collaboration with the United

Hospital Fund, brought this overlooked issue to light. In addition to identifying the large and growing number of children affected, the study revealed that the majority of child caregivers are quite

young. Nearly a third are under the age of 11, and nearly 70% are under age 15.

Most young caregivers are helping a parent or a grandparent, usually a mother or grandmother. Boys and girls are equally affected, but the caregiving situation is more common in lower income and single parent households. Most child caregivers are not providing care all alone, but as part of a family unit that is helping a loved one. However, kids in minority households are more likely to be sole caregivers without much—or any—assistance. ▶



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When Kids Become Caregivers
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Not Just "Helping Out"

While most children are expected to help around the house, the responsibilities of young caregivers can range far beyond the norm. In addition to doing household chores, more than half of young caregivers also routinely assist an adult with the basic activities of daily living (ADLs) — bathing, dressing, using the toilet, eating, and getting in and out of bed.

They also are often responsible for keeping the loved one company, helping with medications, arranging for services, and acting as a liaison and advocate with doctors and other providers.

It's hard to imagine a 12-year-old doing these things, yet they are just part of a typical day for many young caregivers. But let's not forget that these kids also have to attend school, do homework, and with any luck, have a social life! Many are forced by circumstance to "grow up" years earlier than their peers.

Impact Identified

Because these findings have only recently come to light, the long-term implications of caregiving responsibilities on the young are not yet known. However, the NAC study exposed clear signs that there are effects that could have long-term (and not necessarily positive) impact.

Of most concern are the emotional differences between young caregivers and their non-caregiving peers, including a higher tendency toward anxiety and depression. Very young caregivers—those under age 11—are especially likely to feel unloved, and more than a third in the study expressed feelings of worthlessness or inferiority at least some of the time.

Relative to non-caregiving peers, caregiving boys are significantly more likely to feel sad, but twice as likely to feel that there is no point in showing or expressing their feelings.

Most caregiving children reported that their responsibilities have hindered their school work or caused them to miss school or a school activity. They tend to have more problems at school, including difficulty getting along with teachers, bullying, disobedience, and hanging around with kids who cause trouble.

Type of Care Matters

Not all children are affected equally by the caregiving role. How much they are affected depends to a large extent on the nature of their responsibilities, on whether the care recipient lives in the child's home, and on the loved one's

Here are highlights from "Young Caregivers in the U.S.," a study by the National Alliance for Caregiving:

SNAPSHOT OF KEY FINDINGS

- There are approximately 1.4 million child caregivers between the ages of 8 and 18 in the U.S
- 31% of child caregivers are between the ages of 8 and 11; 38% are ages 12 to 15, and the remainder are ages 16 to 18.
- Male and female child caregivers are evenly distributed at 49% and 51%, respectively
- Households with lower income are more likely to have a child caregiver
- Child caregivers are more likely to live in a single parent household
- 72% of child caregivers provide care for a parent or grandparent
- 32% of care recipients are aged 40 to 59 and 25% are aged 60 to 79
- The most common conditions of care recipients are Alzheimer's or dementia, heart, lung or kidney disease, arthritis, and diabetes

QUESTIONS FOR THE FUTURE:

Are there caregiving tasks and responsibilities that are inappropriate for children?

What special needs do caregivers in different situations have?

What type of support groups work best?

How can we help teachers and schools recognize at-risk children?

illness or physical condition.

As might be expected, kids who assist with ADLs are far more affected than those who do not. They perceive themselves as having more responsibility than other caregivers, feel more often that too much is expected of them, and exhibit more sudden mood changes. Almost half of the children who help with ADLs said they feel there is no one else on whom they can depend. These children are also twice as likely as others to report missing school because of caregiving responsibilities.

When the care recipient lives in the child's home, the child spends significantly more time helping than when the loved one lives elsewhere. More than half of the children in this situation reported feeling sad and depressed, whereas fewer than 20% of children whose loved one lives somewhere else expressed such feelings.

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Aging in Place

Elderly Sprout Self-Help Networks to Stay Independent

By Ursula Furi-Perry, J.D.

Forget assisted living, say an increasing number of seniors who want to stay independent in their own homes. And they're taking matters into their own hands, setting up grey-haired versions of the younger generation's social networking phenomenon—but there's a big difference: for these elderly, their very future may hinge on the success of their network.

"The leading edge of boomers is beginning to retire now," explains Robert Waldman, president of the center for Aging in Place Support in Westchester County, New York. "All of our lives, we have found that we can be in control of things, and (staying in our homes) is what we want now."

That's mainly because the idea of staying put means staying independent, Waldman says. It means eating one's own cooking; it means staying in a familiar environment where one knows the streets and stores and can continue with life uninterrupted. Plus, many seniors would rather stay in an inter-generational environment, Waldman points out, preferring the chatter of neighborhood kids to conversations with an elderly comrade in a neighboring bed.

But aging in place isn't easy without help. For those with limited mobility, the day-to-day tasks that come with homeownership and living can be taxing, and staying in one's own home may make for a lonely environment. "It gets harder to manage your own household," says Waldman. "If you don't have the time and skill to do something and it's not a big

job, it's very difficult to get someone to come in and do it (home repair)."

So, seniors are turning to new models of self-help. Across the nation, community service initiatives are sprouting up to assist with daily living chores and provide interaction and camaraderie among like-minded



seniors who choose independence.

Among the pioneers was Boston's Beacon Hill Village, which drew much attention to its interactive support model after it was featured in a *New York Times* article earlier this year. The concept is simple: Generally, member households pay an annual membership fee, and in return receive referrals for service providers in a myriad of industries (many of whom offer discounts,) as well as social interaction and networking opportunities.

When several Cambridge, Massachusetts, residents in their 70's and 80's heard about Beacon Hill Village in neighboring Boston, they thought the service would be a good thing to have in their own neighborhood. Thus, Cambridge at Home was founded. "The

goal was to be able to build an organization identical to Beacon Hill Village but taking on the flavor of Cambridge," says Kathy Spierer, Cambridge at Home's executive director. The organization hopes to grow to about 300 households, providing store-to-door grocery shopping services, activities and opportunities for social interaction, service referrals, and even exercise classes for members.

Folks in New Canaan, Connecticut, share Cambridge at Home's story: After senior members of the community read about Beacon Hill Village, they started up Staying Put in New Canaan, says Tom Towers, president of the organization's board of directors. Staying Put will offer transportation to shopping and cultural activities, help with computers and cell phones, handyman services, social get-togethers, favorable discounts at healthcare providers, and access to a service referral database, Towers says.

Service networks that allow loved ones to age in place are clearly picking up steam nationwide. Towers says he's received nearly 40 inquiries from others around the country who are interested in starting up their own communities. "It's what they're most comfortable with," says Towers. "They may have lived there for 20 or 30 years...it's an environment that they know."

If you or your loved one is interested in starting a similar network in your own community, here are a few things to consider:

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Caregiver Syndrome

When the Stress Piles Up

By Kelly D. Morris



“It’s my least proud moment,” Larry Daniels says. “I was so tired and, to be honest, angry. I was angry at everyone, including God. I threw a glass across the kitchen and it hit the wall and shattered.” Larry, who cared for his daughter throughout a terminal illness, was suffering from what experts are now calling caregiver syndrome.

Although it has been affecting caregivers for years, caregiver syndrome has only recently been recognized by professionals. Caregiver syndrome includes a number of physical and psychological symptoms that caregivers may experience due to the stress of caring for a loved one who is chronically ill, disabled, or suffering from dementia.

According to a report from the National Consensus Development Conference on Caregiving, the most common psychological symptoms of caregiver syndrome are depression, anxiety and anger. Caregivers may also feel irritability, resentment, and guilt. They often feel overwhelmed.

Peter Vitaliano, a professor of geriatric psychiatry at the University of Washington, says physical symptoms can include high blood pressure, diabetes, and a compromised immune system. Other physical symptoms may include chronic fatigue, ulcers, heart problems, and increased risk of stroke.

“I’ve actually taken caregivers’ blood pressure when I visit clients in their homes,” says Andrea Kelley, a home health aide in Hamilton, Ohio. “It’s often elevated. I let them know it could be

caused by stress and that it can also be a serious problem. I advise them to see their doctor.” Andrea goes on to say that many of her clients’ family caregivers suffer from other health problems as well that may be stress related.

Elder-caregivers may even begin to take on symptoms their loved ones have, Peter Vitaliano says. For instance, if your loved one has Alzheimer’s disease, you may find yourself becoming more and

“I didn’t know what was wrong with me. I was so anxious all the time and I felt positively sick. I was irritable all the time, too. I hated arguing with Ben, but I couldn’t seem to help it.”

— Trudy Willmet, describing her bout with caregiver syndrome.

more forgetful. This can be frightening and confusing to caregivers.

Learning more about caregiver syndrome is helpful for caregivers and professionals alike. The symptoms won’t be as confusing and frightening if caregivers recognize what is happening, and professionals will be better equipped to help if they understand what the problem is.

Caregivers are at risk for caregiver syndrome because they become so immersed in caring for their loved ones that they neglect their own physical and mental health. Those most at risk are caregivers who don’t get help or support from other family members, those who are full-time caregivers, and those who already have health problems of their own. The more you have on your plate, the tougher your job. The more stress you’re under, the more you are at risk for caregiver syndrome.

Many who experience symptoms of caregiver syndrome don’t seek help because they don’t realize they have a recognizable condition. And that’s because they are accustomed to ignoring their own needs and focusing on their loved one’s needs instead, or because they don’t even realize they need assistance. Ideally, professionals working with people with chronic illnesses, disabilities, and dementia would take time to talk to

caregivers as well as their clients. These professionals could help identify caregivers suffering from caregiver syndrome, educate caregivers about the condition, and direct them to sources of help.

Since we don’t live in a perfect world, it may be that no one asks if you are experiencing symptoms of caregiver syndrome. You’ll need to speak up for yourself. Talk to your doctor, or to your loved one’s doctor. See a counselor. Ask for help.

“I didn’t know what was wrong with me,” says Trudy Willmet, of Mt. Healthy, Ohio. “I was so anxious all the time and I felt positively sick. I was irritable all the time, too. I hated arguing with Ben, but I couldn’t seem to help it. Ben’s nurse told me it was caregiver syndrome. I never knew it had a name.”

Trudy did the right thing by speaking up about her feelings, and luckily Jane Ellis, Ben’s homecare nurse, recognized the symptoms of caregiver syndrome. After identifying the problem, Jane was able to arrange for a home health aide to spend several hours a week with Ben so Trudy could have a break from caregiving. ▶

There are a number of steps you can take to prevent or help relieve caregiver syndrome. Here are seven to consider:

Take a break. Take a short break every day if you can, even if it's only 15 minutes. Half an hour is better. Go for a walk. Take a bubble bath. Do something that relaxes you. And take a longer break every week. Get out for an hour or two. Go someplace you enjoy. Make your breaks a priority.

Monitor your own health. Check your blood pressure. Your doctor should check it whenever you visit, but between visits you can check your blood pressure using a home blood pressure monitor, which you can purchase at most drug stores. Many pharmacies also have free in-store blood pressure monitors. See your doctor for regular checkups. Go to the doctor when you are sick.

Try to get enough sleep. This can be a tough one, but it's important. Stress wears down the immune system, and sleep repairs it. Without enough sleep, you'll be much more susceptible to colds and other "bugs."

Get some exercise. This is another tough one, but it's also important. Exercise causes the release of endorphins in the brain. These are chemicals that make us feel good, relieve stress, and reduce depression. Exercise also lowers blood pressure. It can also get you out of the house for a while.

Make self-care a priority. If you don't take care of yourself, you won't be able to do a good job of taking care of someone else over a long period of time. Your physical and emotional health will begin to suffer.

Ask for help. Ask family members to help with caregiving tasks. If family members aren't able to help, or even if they are, check into home health agencies. Your loved one's health insurance, Medicare, or Medicaid may pay for some of the cost.

Get support for yourself. Look for a caregiver support group. Local hospitals, senior centers, or the United Way can probably point you towards a group. You can also consider seeing a counselor. ■

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.

Self Help Networks *Continued from page 3*

Do your research. Who among your community might be interested in the service? What types of referrals, activities, and other resources will you offer? Are there any existing organizations with whom you might collaborate?

"Do lots of research to make sure you're not duplicating things that are already going on," Spirer recommends. "We don't need more nonprofits starting [and] doing the same things others are doing."

And once you begin, "be prepared to roll up your sleeves and work," says Waldman, as starting an organization requires much time and energy.

Make it your own. Not every model will be the right fit for every community, Waldman and Spirer both say. "Go out there and investigate what would make sense for your community," Spirer advises. For instance, are transportation services feasible in your community, or are your potential members too spread-out for such a service? Does Beacon Hill Village's model work well in your area, or are there parts of the model you'd like to tweak for your own members?

"Learn what others have done, and rethink it in terms of the dynamics of your own community," says Towers. Once you've settled on a model, think about membership, Spirer says. "The community should remain a reasonable, manageable size," she believes. Expand too fast and you may face having to add new staff, phone lines, and resources for which the community may not be ready, Spirer points out.

Take care of legal and financial considerations. Before offering any services, Towers says Staying Put members incorporated, filed for tax exempt status, assembled a board of directors and an advisory council, and researched service providers.

To make sure you "cross your T's and dot your I's," enlist professional help when necessary. You may even find volunteers willing to help you out: Towers says Staying Put received much professional help at no cost.

Before joining an existing service, make sure it's the right fit. Find out exactly what you or your loved one are getting for your membership fees, says Spirer,

and check out both the organization and its providers or partners.

And if staying home ultimately isn't the best option—whether because of severely limited mobility or illness that requires constant help and attention—look into other methods to ensure your loved one is getting the most feasible care. ■

RESOURCES:

Aging in Place Initiative
www.aginginplaceinitiative.org

Aging in Place Web Resources
www.aginginplace.org

Senior Resource for Aging in Place
www.seniorresource.com/ageinpl.htm

National Aging in Place Council
www.naipc.org

Area Agencies on Aging, Aging in Place Initiative
<http://aipi.n4a.org>

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COMING UP IN NOVEMBER

- Medical care for our elderly on Medicare or Medicaid lacks quality and barely earns a passing grade. What can caregivers do to advocate for their seniors and insure they get the best possible care through these programs?
- Most of us can't effectively and constantly give care for Mom or Dad on our own. We'll tell you how to muster much-needed help from your extended family in this caregiver primer.
- Surgery—a dreaded word, at best, creating uncertainty for us all. Gain insight into the best ways to help your aging loved one deal with the emotional and physical rigors of planned surgery.
- From talking pill bottles to a photo phone for the memory-challenged, we'll round up the latest innovations for the elderly in our Caregiving Gadgets & Gizmos feature.

The Aging Eye

New Lenses Offer Cataract Patients Clearer Future

You're reading and you notice 3's looking like 8's, or vice versa. When driving, you find yourself needing to be closer to road signs to make the words out clearly. The world just starts to look a little hazy—and it's quite likely that this is all a result of an aging eye.

But instead of needing new lenses for your glasses, it could be your eyes themselves that need new lenses. The cause could be cataracts, which simply refer to the clouding of the eye lens, and are among the most common age-related conditions.

Dr. Calvin Roberts, an ophthalmologist at Weill Cornell Medical College in New York, notes that most cataracts develop after age 65. And they become somewhat more likely—or even nearly inevitable—as we continue to age: more than half of all people 80 and older either have cataracts or have had cataract surgery, according to the National Institutes of Health (NIH).

While surgery remains the only option for ridding yourself of serious cataracts, today's post-operative world provides a much brighter view than it did for elderly cataract patients even just a few years ago.

"There are no alternatives to surgery, but there are new advances to the restoration process," Roberts told the *Women's Health Advisor* newsletter. "We have lenses that will allow you to see at a distance as well as read without glasses. There are lenses that can correct astigmatisms. The options have become much-improved in the past couple of years."

Better Lenses

For many years, the intraocular lenses that were used to replace the body's natural crystalline lenses clouded by cataracts were made of a harder, more rigid plastic and were designed to give patients renewed clarity in their distance vision. The understanding was that they would simply need reading glasses.

"When you had to put in a plastic lens, your eye became a single-focus system," Roberts says. "The new lenses have become multi-focused."

The newer lenses, which debuted in 2003, can respond to the six muscles in the eye that control movement. So as a muscle moves up to focus on something close, the new lens will respond, Roberts says. Some



new multi-focal lenses can be implanted to compensate for the ciliary muscle, which controls the shape of the lens to allow for changes in light distribution. As the ciliary muscle loses some of its ability to adjust to different distance ranges—think of how you hold a book a little farther away from your eyes than you used to—multi-focal lenses can help, because they are made with several focal zones to assist with a variety of distances.

New intraocular lenses are made of acrylic or silicone, and are therefore more flexible than their predecessors. The newer lenses also can be folded when they are surgically implanted, which means a smaller and faster-healing surgical incision for the patient.

And just as newer contact lenses can correct astigmatisms, so too can the artificial lenses implanted during cataract surgery. The surgery itself lasts less than 15 minutes and post-operative discomfort is

usually gone within two to three days. The NIH reports that more than 90% of patients who undergo cataract surgery have improved vision afterwards.

Onset of Cataracts

Despite many years and millions of dollars spent on research, there remains no way to prevent age-related cataracts, Roberts says, though other types of cataracts may be avoided. Traumatic cataracts can form after serious eye injuries, underscoring the importance of wearing safety glasses in appropriate settings. Other "secondary" cataracts can develop in response to diseases such as diabetes or in reaction to medications such as steroids.

Cataracts form on the lens, which is located directly behind the iris, when proteins in the watery makeup of the lens start to clump together. The more they clump, the more they cloud your vision.

Symptoms include blurred or double vision or the sense that there's a film over your eyes. You might also find that a light that was once fine for reading is now too dim. You may also develop sensitivity to bright lights that were tolerated easily in the past.

"I tell people that they'll know before I know," says Roberts. "When they start to see a difference in their vision, they should come in."

Cataracts can be detected during an eye exam when the pupils are dilated. After age 60, comprehensive dilated eye exams should be scheduled every two years to look for other eye problems, such as age-related macular degeneration and glaucoma.

If the cataracts are mild or in their early stages, they may not have a pronounced effect on vision. If so, your non-surgical options include new glasses, brighter lighting, magnifying glasses for reading, and non-glare sunglasses. ►

While cataract surgery is one of the most common surgeries in the country, with about 3 million performed annually, there are risks such as bleeding and retinal detachment, which is correctable if treated quickly.

Is Prevention Possible?

While age-related cataracts may be inevitable for many of us, there has been some research to support certain lifestyle choices that may help prevent or at least slow the progression of cataracts.

There is some debate about the links between cataracts and diet. However, a 2005 issue of the *American Journal of Clinical Nutrition* reported that of the 35,000 women in a decade-long study of how health is affected by diet, women who ate the most fruits and vegetables were 10% to 15% less likely to develop cataracts, after factoring out other risk factors such as smoking or family history.

The National Eye Institute recommends sunglasses to help prevent or delay cataracts, but there is little research so far to support the idea. Roberts, however, says that while sunglasses' role in cataract prevention may be unclear, they should be worn to protect your eyes against macular degeneration and other conditions worsened by too much exposure to ultraviolet rays.

"If there's enough sun to get a tan, you should wear sunglasses," Roberts says. ■

CATARACTS: WHAT YOU CAN DO

For many elderly, cataracts become more or less inevitable the older they get. But an informed caregiver or loved one can minimize the impact or even the chances of developing the vision-clouding condition. Try these tips:

- Visit your eye doctor when you notice any vision problems, including blurred vision and sensitivity to light.
- Wear sunglasses that block UVA and UVB rays. Polarized lenses are best, as they reduce scattered light, which causes glare.
- If you need cataract surgery, talk with your doctor about temporarily stopping medications that might cause bleeding problems.
- If cataract surgery is needed in both eyes, plan to have two separate surgeries about four to eight weeks apart.

When Kids Become Caregivers

Continued from page 2

The nature of the loved one's illness also affects the child caregiver's experience. When the care recipient suffers from a mental illness or alcoholism, the child is less likely to confide in others and seek assistance, increasing their sense of isolation and helplessness.

Not All Bad News

While many of the study findings show cause for concern, some reassuring aspects did emerge. Most child caregivers (75%) are not doing it alone, but rather as part of a family unit. Additionally, most participate in the same social and educational activities as their peers. Interestingly, caregivers more often reported feeling good about themselves than did their non-caregiving peers.

For the Future

The National Alliance for Caregiving study sounds a loud wake-up call that support systems for young caregivers are urgently needed. But until a national support system exists, how can these kids be helped?

Schools and healthcare professionals are probably in the best position to identify child caregivers in need of help. Teachers, guidance counselors, and school nurses may be among the first who can spot the signs that something has radically changed in a student's life. Hospital dischargers who find that themselves discharging an adult patient to the care of a child should be immediately on alert that this may be a child in need of assistance.

In the UK and a few other countries, the issue of young caregivers has been studied for about 10 years, resulting in the development of support systems and services. Working with UK programs, the American Association of Caregiving Youth (AACY) was created to promote awareness of this issue, fund additional research, and provide information to young caregivers through its website at www.aacy.org.

Now that the issue has been recognized in the United States, the next steps may be to capitalize on what other countries have already learned and to model support systems here based on those that

KID CAREGIVER RESOURCES

It's tough enough just growing up, let alone dealing with elder-caregiving stresses and strains. These programs can help children who become caregivers:

The Princess Royal Trust for Carers

www.youngcarers.net

This UK organization provides a variety of services through its website. Chat rooms allow young caregivers to connect with other child caregivers and caregiving experts, to vent and to get advice and information about resources that can help them.

National MS Society

www.nationalmssociety.org

In the US, the National MS Society has been a leader in recognizing and implementing support systems for families and young caregivers. Keep S'myelin, the Society's online newsletter, is written for children, but helps both parents and children talk about the disease. The MS Society also provides support through family meetings and financial help for families in need.

American Association of Caregiving Youth www.aacy.org

Supports and promotes the awareness of youth who are both students and family caregivers. AACY raises awareness through education, research and direct services in cooperation with social, education, healthcare, government and community corporations, organizations and agencies.

have been successful. Additionally, studies of child caregivers at different ages and stages, as well as into adulthood, are needed in order to understand the long-term effects. As more information is gathered and studied, new services and programs can be developed that are tailored to getting these kids the help they need every step of the way. ■

Melissa A. Goodwin is a freelance writer and photographer living in Santa Fe, New Mexico. She has years of experience working with volunteer caregiving programs that help seniors and family caregivers. She can be reached at meesarj@msn.com.

Fear a Mammogram? Follow These Life-Saving Tips

At any age, mammograms can save lives. Not only is breast cancer the second leading cause of cancer deaths in women, but too many women avoid these annual exams because they fear the discomfort that sometimes goes along with them. Try following these few simple tips to ease any possible discomfort during this brief imaging procedure.

Hold off on coffee, tea and soft drinks. Caffeine has a tendency to make a woman's breasts tender and lumpy, potentially making the mammogram uncomfortable. Avoid drinking coffee and tea, unless it's decaffeinated, for a week prior to a mammogram. Other items containing caffeine include diet drinks, chocolate and even some common over-the-counter (OTC) pain relievers. Be sure to read the label of any OTC medications before you take them prior to a scheduled mammogram.

Steer clear of perfumes and talcum powder. Deodorant, talcum powder, perfumes and oils may leave a residue that can be picked up by X-rays, obscuring the mammogram and possibly interfering with the results. Ultimately, this means a woman could need a second mammogram. Don't use these products on the day of a scheduled mammogram.

"Most women's breasts are naturally tender or slightly swollen during the week prior to their menstrual period," says radiologist Dr. Sheri Hockett, head of radiology and pathology at Baylor Medical Center in Texas. "Try to avoid scheduling your annual mammogram during this time."

A sensible dressing tip also makes the process a little easier: Wear a two-piece outfit with a blouse or sweater on the day of the appointment. While a woman's choice of outfit will not affect the outcome of her mammogram, most women find it

less stressful to slip off a blouse instead of removing a one-piece dress.

Mammography—a low-dose X-ray of the breast—is the most effective way of finding breast cancer in its earliest and most treatable stages. Any possible discomfort during a mammogram should not prevent women from scheduling this procedure. During the procedure, performed by a female radiologic technologist, a woman's breast is placed on a ledge and gently compressed in order to see all the tissue and any possible abnormalities.

Doctors recommend a baseline mammogram between age 35 and 40, and yearly mammograms starting at age 40 or earlier if a woman has a family history of breast disease. In the U.S. alone, more than 200,000 people are diagnosed with breast cancer every year. But if detected at an early stage, the chances of survival are extremely high. ■

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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*.

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